

CALL GOES OUT FOR VIDEO CLIPS ABOUT INDIVIDUAL EXPERIENCE WITH CVS

CVSA, MEMBER LINDA FOX AND SON BRYAN TO MAKE FILM ABOUT CVS

Linda Fox, and her 34-year-old son, Bryan Darling, have initiated a proposal to create an outreach film about CVS. Their proposal has been accepted by CVSA and the production collaboration has begun. Bryan is 34 years old and has suffered from CVS for more than 10 years. "Through my own research, I discovered your website. The symptoms outlined in Dr. Fleisher's articles were a perfect match. I can't help but wonder how many others suffer from this condition and don't know what it is or how to control it. I have been an elementary school teacher in the Tanque Verde School District of Tucson for 17 years. Education is key. I would like to help CVSA's efforts to reach out to the public by creating a 2-3 minute video that would be posted on various CVSA internet, media sites." Linda

REQUEST FOR VIDEO CLIPS

In an effort to "get the word out" about the debilitating conditions of cyclic vomiting syndrome (also known as CVS) and abdominal migraine, CVSA member, Linda Fox and her son Bryan are making a short (2-3 minute) film to inform the public about these conditions. Linda is working in collaboration with CVSA. The film will be created by putting together video clips of CVS and abdominal migraine sufferers of all ages, as well as parents, spouses, and CVS medical advisors, talking about their experiences. The goal is to create a film collage that is both gripping and informative. The film will ultimately be posted on CVSA's web site, Facebook page. and on YouTube. **We do NOT want any clips of adults or children during episodes.**

We would like the film to be completed as soon as possible. Once we receive the video clips, we can begin the project of making the film.

The deadline for submission of video clips is May 1, 2012.

Here's how you can help:

****Think about what you would like to say (how long have you had the illness; how long before diagnosis; describe an episode; how the illness has affected your quality of life – family, work, school, relationships, financial burden, etc.).**

Again - We do NOT want any clips of adults or children during episodes.

****Make a video clip (no more than 5 minutes long).**

****Save it to a CD, DVD, or flash drive.**

****Sign the attached release form.**

****Mail the clip and the signed release form to CVSA, "Get the Word Out", 10520 W. Bluemound Rd., Suite #106, Milwaukee, WI 53226. Please include an email contact address.**

CVSA's Board of Directors will approve the final film before it is posted.

We need many participants to help make this film a compelling message. You CAN make a difference by telling your story. Thank you in advance for your contribution.

Error! Unknown document property name.

CVSA PHOTOGRAPH, VIDEO, AND MEDIA RELEASE FORM

I, _____(name), give my full consent to the Cyclic Vomiting Syndrome Association (CVSA) and its employees, agents, officers, Board members and representatives to use my submitted photographs, videotape, written information and/or digital recordings.

I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media is used.

I waive any right to inspect, approve or receive compensation for any use of my submission(s) to CVSA, and assign to CVSA all rights of publicity in connection with CVSA's lawful educational campaigns or materials, promotions, advertisements or fundraising efforts. I understand that CVSA is not responsible for any expense or liability I incurred as a result of my participation in the video production or other media that may be created by CVSA and/or its agents.

I agree that I will not sue nor bring any proceeding against Cyclic Vomiting Syndrome Association (CVSA) or its employees, agents, officers, Board members or representatives for any claim, demand or cause of action for defamation, invasion of right to privacy, publicity or personality relating to the use of my submission.

I have read and understand the above terms and certify that I am fully competent to sign this release.

Name (Print): _____ Date: _____

Address: _____

Phone: _____

Signature: _____

Parent Signature if under the age of 18 years _____

Form 10/2011