



Pharmacy is Right for Me Instagram Stories Takeover Release

ABOUT THIS PROGRAM

At Pharmacy is Right for Me, we strive to educate students about pharmacy school and pharmacy career opportunities. That's why we're introducing a new Instagram Stories feature focused on pharmacy school students.

In this series, student pharmacists from across the country will take [@pharm4me](#)'s Instagram followers behind-the-scenes for a day in their life in pharmacy school. We hope to showcase various aspects of student pharmacist life, including class time, extracurricular activities, social time, pharmacy school campuses, and more!

Thank you for your willingness to participate in this exciting new initiative! Below, you'll find a list of guidelines, important information, and requirements for this project. We ask that you read all this document thoroughly, complete the consent portion at the bottom, and submit the completed document.

If you have any questions, please feel free to contact AACP (pharm4me@aacp.org) or Emily Burns (emilyb@youthmarketing.com). Thanks so much!

PRIZE INFORMATION

As a special thank you for participating in this initiative, we will be awarding the following to the first 30 students who submit their video content:

1. \$10 Starbucks e-gift card
2. A certificate of recognition as a National Pharm4Me Marketing Ambassador
3. Recognition at the 2020 AACP Annual Meeting (we'll display your name visually)

DEADLINE INFORMATION

In order to be eligible for the above-listed prize, please submit all content no later than **Friday, February 28, 2020**.

IMPORTANT INFORMATION & REQUIREMENTS

Please film / shoot all content within the Instagram application on a cellphone.

All content must be shot vertically.

Completed content should be downloaded and saved in photo / video file format and send to emilyb@youthmarketing.com ([WeTransfer](#) can be used to share large files).

Inappropriate language or visuals will not be tolerated.

While no specialized equipment is needed, we ask that you pay close attention to lighting and sound to ensure the audience can see / hear the content.

Don't forget to wipe your phone lens before capturing content.

Due to HIPAA restrictions, do not submit any media that includes any actual patients. Videos and images may include simulated patients (SP), also known as standardized patients, sample patients, or patient instructors.

AGREEMENT & MEDIA CONSENT FORM

By signing below, I grant permission to the [American Association of Colleges of Pharmacy, Pharmacy is Right for Me](#), and its agents and employees the irrevocable and unrestricted right to reproduce the photos and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I hereby release American Association of Colleges of Pharmacy, Pharmacy is Right for Me, and its legal representatives for all claims and liability related to said images or video. I waive my right to any compensation.

Your certification of this statement serves the same purpose as a legal signature, and is binding.

First Name

Last Name

I acknowledge that I am over the age of 18.

Email

Date

Name of Institution

Anticipated Pharm.D. Graduation Year

Personal Instagram Handle

With the exception of individuals having background conversations in public places, all other individuals who are featured or speak on camera in submitted photos and videos must also grant permission to use their likeness using the form on the following page.

ADDITIONAL FEATURED INDIVIDUAL AGREEMENT & CONSENT FORM

By signing below, I grant permission to the [American Association of Colleges of Pharmacy, Pharmacy is Right for Me](#), and its agents and employees the irrevocable and unrestricted right to reproduce the photos and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

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FIRST ADDITIONAL FEATURED INDIVIDUAL

First Name

Last Name

Date

SECOND ADDITIONAL FEATURED INDIVIDUAL

First Name

Last Name

Date

THIRD ADDITIONAL FEATURED INDIVIDUAL

First Name

Last Name

Date