

I confirm that I understand and agree to the terms outlined and hereby attest to the following:

**1. Acknowledgment of Copyright:**

I acknowledge and agree that the logos, art, and associated intellectual property of the **ACS Stop the Bleed Program**, owned by the American College of Surgeons (“ACS”), and the **STOP THE BLEED® initiative**, owned by the United States Department of Defense (“D.O.D.”), are protected under U.S. copyright laws. All rights reserved.

**2. Respect for Intellectual Property:**

I affirm my understanding that these materials are rightfully owned by either ACS or the U.S. D.O.D. and may not be used, reproduced, altered, repurposed, or distributed without the prior express written permission of the respective copyright holder(s).

**3. Compliance:**

I agree to comply with any guidelines, restrictions, or conditions set forth by the copyright holders regarding use of their intellectual property, and to comply with all applicable laws and regulations, including USC Title 17, the Copyright Law of the United States

**4. Limitation of Use:**

I affirm that, I will not modify, reproduce, sell, or use the materials for purposes outside of those explicitly approved in writing by the copyright holders.

**5. Consent to Share Contact Information:**

I agree to allow the **ACS Stop the Bleed Program** to share my contact information with approved parties for data gathering and reporting. I understand that this data may be used to assess program outcomes, improve training efforts, and further the goals of the ACS Stop the Bleed Program initiative.

**6. ACS Privacy Policy:**

ACS’ Privacy Policy may be found at: <https://www.facs.org/privacy-policy/>.

Attestation when requesting to use the materials:

**Request for Permission:**

I formally seek permission to use the logo(s), artwork, and associated materials from the **ACS Stop the Bleed Program**, or the **Department of Defense STOP THE BLEED** initiative. The intended use of these materials will align with the goals and mission of the respective programs, ensuring they are used in a manner that respects their purpose and integrity.

As an **ACS Stop the Bleed (STB) Instructor**, I acknowledge and agree to the following terms regarding the sharing of my contact information with prospective students interested in taking an **ACS Stop the Bleed Program-sponsored course**:

**1. Purpose of Contact Information Sharing:**

I understand that my contact information may be provided to individuals or organizations seeking to participate in an **ACS Stop the Bleed-sponsored course**. This is intended to facilitate the connection between prospective students and certified instructors in scheduling and delivering official ACS STB courses.

**2. Voluntary Participation:**

I recognize that this is a voluntary process, and I am free to choose whether to share my contact information.

**3. Contact Information Provided:**

If I opt-in, I understand that the following contact details will be shared:

- Name
- Email Address
- Phone Number (if applicable)

**4. Privacy and Use of Information:**

I understand that my contact information will only be shared to connect with prospective students for the ACS Stop the Bleed Program. It will not be used for any other purposes without my explicit consent.

**5. Modification of Consent:**

I reserve the right to modify my selection (opt-in or opt-out) by providing written notice to the ACS Stop the Bleed Program leadership.

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