



## RELEASE FORM FOR MEDIA PHOTOS AND RECORDING

I, the undersigned, do hereby consent and agree that Maple Tree Cancer Alliance has the right to take photographs, videotape, or digital recordings of me to use in any and all media, now or hereafter known, and exclusively for the purpose of Maple Tree Cancer Alliance advocacy. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Maple Tree Cancer Alliance and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Maple Tree Cancer Alliance is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I understand that Maple Tree Cancer Alliance uses various social media outlets and other means to broadcast patient success stories, and positive changes in the programs that are offered within the organization.

I represent that I am at least 18 years of age, have read and understand that foregoing statement, and am competent to execute this agreement.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**I DO NOT** wish to have my information and picture shared and do not agree to the above statement.  
If you do not wish to participate please check the box and sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_