**Photo and Video Consent/Release**

From time to time we would like to share some of the moments we have preserved on film on The Art of Life Cancer Foundation’s website, social media, e-newsletter or with the community.

I authorize The Art of Life Cancer Foundation to use my photograph, video clips and name to further their mission of inspiring people impacted by cancer to connect and heal through creative expression.

I understand that my photograph may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submission to journalists, websites, social networking sites and other print and digital communications.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print)

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If participant is under 18 years of age, or has a legal conservator or guardian:***

I am the parent or legal conservator/guardian of the Volunteer. I understand that I am responsible for the obligations and acts of Volunteer as described in this document. I agree to be bound by the terms of this document.

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Signature of Volunteer’s Parent or Legal Guardian/Conservator

Name of Volunteer’s Parent or Legal Guardian/Conservator (Print)