



A Shelter for Cancer Families  
Photo/Media Release Form

I hereby grant the A Shelter for Cancer Families (ASCF) permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the ASCF and will not be returned.

I hereby irrevocably authorize the ASCF to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the ASCF from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURE(S) BELOW. I ACCEPT:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If under 18, PARENT(S) MUST SIGN

\_\_\_\_\_  
Individually and as Parent and/ Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individually and as Parent and/ Legal Guardian

\_\_\_\_\_  
Date