



**MEDIA RELEASE FORM**

I, \_\_\_\_\_, the undersigned, hereby consent and authorize Cancer Support Community Arizona to record or re-record audio, videotape or photograph my name, likeness and performance.

In addition, I consent and authorize Cancer Support Community Arizona to use the above recordings and/or re-recordings and/or photographs as they see fit in broadcast, publicity, public service announcements, training, teaching, research, podcasts, and educational publications both in print and online, and other uses.

My permission will remain in effect from the date of signature, unless I contact Cancer Support Community Arizona to discontinue this permission for future use.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

In the case of a minor, this form must also be authorized by a parent or legal guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_