



CANCERCARE®

Consent Form

CANCER CHANGES EVERYTHING. CANCERCARE® CAN HELP.

I, the undersigned, hereby consent to be interviewed, quoted, photographed, videotaped and/or audiotaped by representatives of CancerCare.

I also grant CancerCare the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media and advertising. I also hereby release CancerCare and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

NAME (PRINT CLEARLY): _____

SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN: _____
(IF UNDER 18)

DATE: _____

.....

Contact information

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ **EMAIL:** _____

.....

FOR INTERNAL PURPOSES

Project Name: _____ **Project Date:** _____

Client: _____