



Photo/Video Consent and General Release Form

I hereby authorize the American Cancer Society to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). The undersigned hereby releases the American Cancer Society, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Signature: _____ **Date:** _____

Printed Name: _____

Name of person(s) in photo, if different: _____

Address _____

Phone(s): _____

Email: _____

Witness

Signature: _____ **Date:** _____

Printed Name: _____