



Individual Photo and Video Release Form

I hereby agree as follows:

1. I, on behalf of myself, my beneficiaries, assigns and estate, hereby give and grant permission from this date (indicated below) to CureSearch, affiliates, successors, contractors, agents, beneficiaries and assigns (herein collectively called "the licensed parties"), the world-wide right to use, publish, and copyright, in any and all media, my name, voice, photograph, and/or video likeness ("My Likeness") in connection with any advertising, promotion and/or any other publicity relating to CureSearch.
2. I agree that any photograph and/or video taken of me individually and/or as part of a group by the licensed parties is owned by the licensed parties. If I should receive any print, negative, or other copy thereof, I shall not authorize its use by anyone else. I acknowledge that My Likeness may be reproduced in photographic or other similar form in the advertising.
3. I agree that no advertisement or other material need be submitted to me for any future approval and I hereby waive any rights of action I may have and release the licensed parties from any and all claims I may have arising from use and publication, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.
4. I warrant and represent that this license does not in any way conflict with any existing commitment.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of the rights set forth herein. This Release shall be construed and the legal relations between the parties hereto shall be determined under the laws of the State of Maryland, exclusive of its choice of law provisions. If any of the provisions of this release shall be held to be illegal or unenforceable, the legality and enforceability of the remaining provisions shall not be impaired. In signing this release I affirm that I have read it in its entirety and that I understand and agree with its contents.

Please print clearly.

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Signature: _____ Date: _____

I am the (father/mother/guardian) and I consent on behalf of such minor and personally join in the warranties and representations set forth above. I also agree to indemnify and hold harmless the licensed parties with respect to any claims which the minor may make as a result of the licensed parties exercise of their rights hereunder.

Parent/Guardian Full Name: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Signature: _____ Date: _____

For Office Use Only - Date: _____ DB: _____ Initials: _____

Please return this form to the Communications department to the attention of Laurie Kelly, CureSearch for Children's Cancer, 4600 East-West Highway, Suite 600 Bethesda, MD 20814