Authorization Form

The Community Blood Center is a non-profit charitable organization that serves the community by providing lifesaving blood and blood products to patients in need. As a part of our mission, we seek to educate the community about blood donation.

We really enjoy using the images and stories of actual donors, blood recipients and other supporters as part of sharing the importance of blood donation. We simply could not achieve our mission without exceptional people like YOU!

We are incredibly grateful that you are willing to share your image or story to help advance our mission in the community. Here are some examples of the ways The Community Blood Center may use your image or story: print advertisements, digital advertisements, website, social media, TV commercials, video, presentations, billboards, radio commercials, vehicle wraps, environmental branding, and branding materials of any kind (ex: banners, trade show displays, wall displays, etc.).

By signing this Authorization Form below, or responding to an emailed copy of this form, YOU understand and agree that The Community Blood Center (and its subsidiaries, agents and assigns) may reproduce, use, transfer and/or share publicly any verbal story, recording, and/or photograph, likeness, video, or other visual representations which include you, in any manner or medium The Community Blood Center considers appropriate (see examples above), for any purpose The Community Blood Center deems appropriate, without compensation or other consideration to you. You also agree that all negatives, positives, prints, videotapes, soundtracks, artwork, presentation slides, recording or other material that may include your image, likeness or story that are provided to or produced by The Community Blood Center will remain the property of The Community Blood Center.

Thank You again for your support of The Community Blood Center and our mission to Connect Lives; Share Life.

Print Name: ____________________________  Date: ____________

Signature: ____________________________________________

If you are under 18 years of age, please have this form signed by your parent(s) or legal guardian(s).

Parent/Guardian Name: ____________________________  Date: ____________

Signature: ____________________________________________