



**THE COMMUNITY
BLOOD CENTER**
connecting lives | sharing life

MODEL RELEASE FORM

I, _____, hereby consent to and authorize The Community Blood Center (CBC), its subsidiaries, agents and assigns, to use and reproduce any and all photographs, stories, or other visual representations which have been taken of me, for any business purpose whatsoever, without further compensation to me.

All negatives, positives, prints, videotapes, soundtracks, artwork, PowerPoint presentation and other material that may include my likeness are the property of CBC solely and completely.

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

Name (print clearly): _____ Date: _____

Signature: _____

Street Address: _____

City, State, Zip: _____

Home phone: _____

Email Address: _____

Parent Signature (if under 18 years of age) _____

CBC employee, witness or photographer signature _____