

Cancer's SOS Release Form for Shirt/Story Usage

I,, do nereby conse	ent and agree that Cancer's SOS, its
employees, or agents have the right use photographs, vid	,
voluntarily donated by me, and to use these in any and all	media, now or hereafter known, and
exclusively for the purpose of Cancer's SOS book and press	s materials. I further consent that my
name and identity may be revealed therein or by descriptive	e text or commentary.
I do hereby release to Cancer's SOS, its agents, and emplo	oyees all rights to exhibit this work in
print and electronic form publicly or privately and to market	et and sell copies. I waive any rights,
claims, or interest I may have to control the use of my idused.	dentity or likeness in whatever media
I understand that there will be no financial or other remune	eration either for initial or subsequent
use.	·
I represent that I am at least 18 years of age, have	read and understand the foregoing
statement, and am competent to execute this agreement.	3 3
Name:	Date:
Address:	
Email:	
Phone:	
Witness for the undersigned:	
Signature:	



Cancer's SOS Questionnaire

Thank you for participating.

We want to tell **your** story and sometimes that story cannot be told by answering questions...To insure the most passionate, personal story behind your shirt, please answer as many questions as you are comfortable sharing. *This is a guide only.* Keep in mind that some of our most compelling stories did not come from answering questions on this page.

Feel free to contact us with questions. By answering, you consent to use.

Favorite memory:
Tell us their Cancer Story:
,
Please share any other information you wish

Email: Rick@cancerssos.org

Mail: Cancer's SOS

1861 Palo Verde Ave. Long Beach, CA 90815

(562) 528-2679