

HEAD AND NECK CANCER
ALLIANCE

HNCA Photo Release Form
Oral, Head and Neck Cancer Awareness[®] (OHANCA[®]) Program and
2018 Oral, Head & Neck Cancer Awareness Week[®] (OHANCAW[®])
April 8-15, 2018

Thank you again for registering your screening site with the Head and Neck Cancer Alliance. HNCA appreciates your participation in hosting an Oral, Head and Neck Cancer Awareness Week[®]/Oral, Head and Neck Cancer Awareness[®] screening and educational event. HNCA has a few requests that we hope you may be able to support.

Photos/Images of Your HNCA OHANCAW[®]/OHANCA[®]

HNCA hopes that you might capture and provide us photos from your upcoming screening. We will possibly display these images on our website, www.headandneck.org, and/or in our e-newsletters, educational materials, etc. Below are the **Head and Neck Cancer Alliance Image/Photo Release Forms**, to be signed by any individual who agrees to being photographed during a screening exam.

We understand that many of our clinics/hospital/institutions may already have a policy in place regarding sharing such images. If you are unable to send images of individuals being screened, HNCA welcomes photos of volunteers and/or group shots of all the clinical/volunteer staff, especially in the HNCA t-shirts provided in the OHANCAW[®] educational kits.

If you have any questions or wish to submit your photos to us from your screening, please email Dalena Huynh, dhuynh@headandneck.org

Written Quotes from Staff, Volunteers & Participants

HNCA would also appreciate receiving written quotes from volunteers and staff on hosting a screening, the importance of early detection, and the significance of participating in an Oral Head and Neck Cancer Awareness event. When sending along the quotes, please be sure to include the individual's name, credentials, title and affiliation. Please know that individuals do NOT need to fill out the **Head and Neck Cancer Alliance Image/Photo Release Form** for the written quotes.



**HEAD AND NECK CANCER ALLIANCE
IMAGE/PHOTO RELEASE FORM**

By signing this release form, I authorize Head and Neck Cancer Alliance to use the following personal information: (1) My picture – including photographic, motion picture, and electronic (video) images. (2) My voice – including sound and video recordings.

I hereby grant to Head and Neck Cancer Alliance, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised.

This permission shall continue forever unless I revoke the permission in writing. I further grant Head and Neck Cancer Alliance all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Head and Neck Cancer Alliance the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Head and Neck Cancer Alliance use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents. IN WITNESS WHEREOF, I have executed this release on this ____ day of _____, 2018.

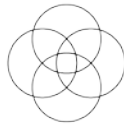
Print Name: _____

Telephone Number: _____

Address: _____

Signature: _____

City/State/Zip: _____



HEAD AND NECK CANCER
ALLIANCE

**HEAD AND NECK CANCER ALLIANCE
MINOR IMAGE/PHOTO RELEASE FORM**

I hereby certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release.

I approve the foregoing and agree that we both shall be bound thereby.

Parent/Guardian: _____

Telephone Number: _____

Address: _____

Signature: _____

City/State/Zip: _____

Witness: _____

Telephone Number: _____

Address: _____

Signature: _____

City/State/Zip: _____