

Release of Likeness and Consent Form

NAME:		ORGANIZATION NAME:	
ADDRESS:			
CITY:		STATE & ZIP:	
PHONE:	EXT:	EMAIL:	

I hereby grant irrevocable permission to Innovative Blood Resources and its divisions, Memorial Blood Centers and Nebraska Community Blood Bank, to use either my name (if necessary) or my child's name (if necessary) and personal story information and photos, videotapes, film and/or recordings in any and all forms of publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

I waive, or waive on behalf of my child, any right to inspect or approve any photograph or other depiction produced in connection with this grant (permission). I release Innovative Blood Resources from any claims associated with the above grant and I understand that under no circumstances shall I have any right to maintain any cause of action regarding the use of any photograph depicting my likeness or the likeness of my child, against Innovative Blood Resources or anyone else, by virtue of the terms of this release.

I represent that I am at least 18 years old or that I am the guardian of child whose likeness Innovative Blood Resources will use.

SIGNATURE _____ DATE _____ 20__

I represent that I am the parent or guardian of the above-named individual who is less than 18 years of age. I have read the above information, and I fully and completely understand the contents.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____ 20__

SHOOT LOCATION _____ SHOOT DATE _____ 20__

STUDIO NAME _____

PHOTOGRAPHER NAME _____



A Division of Innovative
Blood Resources

Fax completed form to 651-332-7001

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1-888-GIVE-BLD | www.mbc.org