



PhotoSensitive

Photo Release - THE CANCER PROJECT

Subject's name (please print legibly)

Address _____

Phone _____ E-mail _____

I understand that the photographs taken of me by this photographer representing PhotoSensitive may be used by PhotoSensitive in all materials pertaining to THE CANCER PROJECT. The photographs may be used in all forms of non-commercial communications, including but not limited to publicity, exhibitions, books, DVDs and web/digital media presentations relating to THE CANCER PROJECT.

I understand that PhotoSensitive is not-for-profit, and that my participation in this project is voluntary, therefore I waive any payments. I give permission for my name to be used with the photographs.

Signature of subject (or parent/guardian)

Date _____

Photographer's name _____

Photographer's signature _____

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