



projectc.u.r.e.

C.U.R.E. CLINICS

VIDEO RELEASE

I, _____, hereby give consent to Project C.U.R.E. for the photographing and videotaping of myself, the recording of my voice, and the use of these images and recordings singularly or in conjunction with other images and recordings by Project C.U.R.E. for advertising, publicity, training, web-site, commercial or other purposes, without payment or any other consideration.

I have read this release before signing and I fully understand the contents, meaning and impact of this release. My consent is valid unless I notify Project C.U.R.E. in writing that my consent is withdrawn.

I have read and understand this release and approve of the terms.

Printed Name: _____

Signature: _____ Date: _____

For Participants under the age of 18, parent or legal guardian must sign below:

I certify that I am the parent and legal guardian of the individual named herein.

Printed Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____