



117 E. Louisa St., #443 ~ Seattle, WA 98102

Story/Video/Photo/Audio Consent Form

Legal Name: _____

Address: _____

Email: _____

Phone: _____

Please read the following Northwest Sarcoma Foundation waiver and Sign:

RELEASE AND WAIVER:

I, the undersigned, do hereby consent to the use by Northwest Sarcoma Foundation (NWSF) of my submitted story, image, and voice, in (1) the submitted story, video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the submitted story, video, photograph or audio recording described below: regardless of whether these materials are used for education, fundraising, advertising, publicity, or any other purpose on behalf of NWSF.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my story, image, or voice by NWSF. I also waive any right to inspect or approve the finished story, photograph, video, or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs, and assigns.

I warrant that I, the participant, am at least 18 years of age or I have the legal right to sign for the participant. I further attest that I have read this consent form and fully understand its contents.

Description of personal story, video, photograph, or audio recording: Webinar, podcast, personal story to educate and inspire patients, families and supports about real life lived experiences and advice after being diagnosed with Sarcoma or having a loved one diagnosed.

Printed Participant Name (and guardian, if applicable):

Participant/Guardian Signature:

Date: