



FLASHES *of* HOPE

PATIENT & FAMILY PHOTO RELEASE AND PERMISSION FORM FOR PUBLICATION OF CHILD PHOTOGRAPHS

Name of PATIENT (only): _____ Birthdate (month/day/year): _____

On behalf of myself and the above-named Child, I give Flashes of Hope and the photographer engaged by Flashes of Hope permission to create photographic images of the above-named child.

I give permission to Flashes of Hope, Inc. to publish photograph(s) of my child in promotional materials to further the goals of this nonprofit corporation in improving the self-esteem of children with cancer and other illnesses. I hereby agree that photographs of my child may be: (1) published in brochures, newsletters, newspapers and other forms of print media; (2) posted on the Flashes of Hope Website, accessible via the Internet/World Wide Web; and/or (3) published via other forms of visual media including but not limited to billboards and video or television promotional segments.

I also give Flashes of Hope, Inc. permission to post my child's first name along with the photographs being published. I understand that at no point will my child's: (1) last name; (2) home address; (3) personal e-mail address; (4) telephone number ever be posted along with such photographs. If, for some reason, Flashes of Hope, Inc. wishes to post my child's first and last name with a photograph, separate permission will be sought and obtained.

I understand the photographer, Flashes of Hope and I will own a common undivided interest in the copyright in all photographs of my child as tenants in common and that each of us will be permitted to use the photographs in the manner generally described in this form. My signature below is conditioned on the photographer being restricted from commercial exploitation or other uses of the photograph, except as authorized below. Accordingly, I hereby consent for the photographer to use the photographs in the photographer's own print portfolios and electronic displays, including a website, owned and controlled by the photographer, for self-promotion of the photographer. No commercial or other uses of the photographs by the photographer are authorized by me. In consideration for the grant of ownership in the copyright by the Photographer, I may use the photographs for only for personal use and not commercial exploitation. Since the purposes of Flashes of Hope are charitable, I agree that my personal use will not include sales of the photographs or use of them in commerce.

I understand that grant of permission to Flashes of Hope for publishing my child's photograph and/or first name in the various forms described above (i.e. print media, Internet and other visual forms of media) and to the photographer for the self-promotion described above, continues indefinitely until I revoke such consent in writing. Revocation must be addressed to Flashes of Hope, 36 S. Franklin St., Chagrin Falls, OH, 44022, and will be effective upon receipt by Flashes of Hope and the photographer. However, for any publications that had been authorized prior to the receipt of the revocation but had not yet been published, if Flashes of Hope or the photographer has control over the publication, they will attempt to stop the publication but not be liable if it is unsuccessful and the publication occurs.

I understand that by signing this permission form I waive any rights to keep private the fact of my child's condition, as my child's disability may be self-evident from the photograph, or from the nature of any other material accompanying my child's photograph.

I further agree to hold harmless and indemnify Flashes of Hope, Inc., its Board of Directors, members, employees, agents and volunteers from any claims, demands, or actions that may result from the posting of such photographs and accompanying information.

Parent/Guardian Name (please print): _____ Phone number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____