



Consent and Release

I, _____ hereby consent to the publication, exhibition,
(Please print name. If subject is under the age of 18, please print name of parent or legal guardian.)

reproduction or other release, public or private, by the Cystic Fibrosis Foundation or any of its chapters, officers, or other representatives (including the release of any assignee, transferee, affiliated entity or license) of the interview, photograph, video, other media, or public release involving my or my child's name or image, as follows:

Description of Photograph/Video: _____

If subject(s) is/are under the age of 18, please provide name(s) and birth date(s).

Name(s) of Child(ren): _____

Birth Date(s) of Child(ren): _____

Contact Information of Self or of Parent or Legal Guardian:

Address: _____

City: _____ State: _____ Zip: _____

Telephone - Home: _____ Mobile: _____

E-mail: _____

(Hereinafter referred to as the "Released Information") I hereby waive all claims for damage or loss incurred directly or indirectly in connection with the Released Information. This Consent and Release shall be binding on the undersigned and the heirs or parents or other personal representatives of the undersigned.

Name (please print): _____

Signature: _____

Agent (if applicable): _____

Date: _____