



NORTH DAKOTA
DEPARTMENT of HEALTH



TALENT RELEASE FORM

North Dakota Department of Health 600 E. Boulevard Ave.,
Dept. 301
Bismarck, ND 58505-0200

I authorize the North Dakota Comprehensive Cancer Control Program, the North Dakota Department of Health and the North Dakota Cancer Coalition, to:

1. Record me and my story on video tape, audio tape, photograph or other designated medium, or reproduce provided photograph, written information or other.
2. Use my name, story, likeness, and voice as recorded and/or written for the purpose of illustration, display or publication.
3. To publicly use these recordings and shared information in whole or part for any appropriate educational or promotional purpose.
4. I relinquish and give North Dakota Cancer Coalition and North Dakota Comprehensive Cancer Control Program all further rights, title and interest I may have in the finished pictures, negatives, reproductions, recordings, articles, or other reproductions and copies of the original video, film, prints and negatives, and grant the state health department, the cancer control program and the cancer coalition the right to give, transfer and exhibit the negatives, original prints, original film or video, or copies and facsimiles thereof, to any individual, firm or publication, or to any of their assignees at their discretion.



CONSENT AND RELEASE FORM

I hereby irrevocably grant in perpetuity to the American Cancer Society, Inc., its legal representatives or assigns, affiliates (including, but not limited to, its separately incorporated divisions, the American Cancer Society Cancer Action Network, Inc., ACS Products, Inc., and the American Cancer Society Foundation) and those acting under its permission and upon its authority, or those for whom American Cancer Society Inc. is acting, the absolute right and permission to:

- (a) copyright, use, re-use, publish, and republish, and to license the right to use, re-use, publish and republish, photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, in any medium or form of distribution without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade;
- (b) copyright, use, re-use, publish and republish, and to license the right to use, re-use, publish and republish my likeness and/or voice on film or videotape, to edit or change or alter such recording(s) at its sole discretion in which I may be included in whole or in part, or composite or distorted in character or form, in any medium or form of distribution without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade; and/or

(c) copyright, use, re-use, publish and republish, and to license the right to use, re-use, publish and republish my testimonial (written) and edit such testimonial in its sole discretion, in any medium or form of distribution without restriction as to changes or transformation in conjunction with my own or a fictitious name, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade.

It is my understanding that I will receive no compensation for my likeness or testimonial.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy or printed matter that may be used in connection with my likeness or testimonial or the use to which it may be applied. I agree that I have no rights to the photographs, reproductions, negatives, videos or films, and all rights to such materials belong to American Cancer Society, Inc.

I hereby release, discharge and agree to save harmless American Cancer Society Inc. and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness or testimonial, including, without limitation, claims for libel or invasion of privacy, as well as any liability arising by virtue of any blurring distortion, alteration, optical illusion of use in composite form, whether intentional or otherwise, that may occur or be produced in the making of such picture or recording(s) or in any processing tending towards the completion of the finished product.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state FURTHER that I have read the above AUTHORIZATION and release prior to its execution, and that I am fully familiar with the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

[FOR MINORS ONLY] If you are under 18 years of age, your parent or legal guardian must sign this Consent and Release Form and provide the information requested below.

Signatures for the Attached North Dakota Department of Health, North Dakota Cancer Coalition, and American Cancer Society Talent Release Forms:

- By signing this, I acknowledge that I agree with the terms of use outlined in the attached talent release forms and permit my photos to be used by all named entities in the media formats disclosed in each form.
 - Please note individuals under the age of 18 must have a legal guardian signature

Name	Age	Address	E-mail	Phone	Date	Signature/Guardian if under 18

Witness to the signatures associated with the attached talent release information: _____

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