



2018 - 2019 Biography, Photograph and Video Release Form

I _____ grant permission to use my biography, photographs and any video taken during, and for, the South Florida Day of Caring for Breast Cancer Awareness event, in any/all future official publicity pieces. Publicity pieces include (but are not limited to) news releases, TV, publications, videos, social media and website use. I understand I will not receive any compensation for the use of any of these photos/videos.

Name (**Print Clearly**): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail (**Print Clearly**): _____

Signature: _____ Date: _____

EMAIL COMPLETED FORM TO: moezfo27@aol.com