



Media Consent and Release Form

I hereby give my consent to the American Indian Cancer Foundation (AICAF), its partners and affiliates, to use my image and likeness and/or any interview statements from me in its publications, advertising, promotional material or other media activities. This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (social media), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Name: _____

Signature: _____

Date: _____

AICAF Leader Signature

Date