

Project 10 Release Form

Very Important: You and each person photographed must sign a Release Form.

For valuable consideration received for **Project 10**, I hereby grant permission to Julia Kim Smith, Gary Gensler, and their assigns, licensees, and successors to use my name, photographic likeness, photographs, and writings in all forms and media for artistic and any other lawful purposes. I release Julia Kim Smith, Gary Gensler, and their assigns, licensees, and successors from any claims that may arise regarding the use of my name, photographic likeness, photographs, and writings including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright.

Signature: _____

Print name: _____

Today's date: _____

Mailing address: _____

Email: _____

Phone: _____

If you have breast cancer: when were you first diagnosed with breast cancer? (year only) _____

IF THE SUBJECT IS UNDER 18:

I am the parent/legal guardian of the individual named above. I have read this release and approve of its terms.

Signature: _____

Print name: _____

Today's date: _____

Mailing address: _____

Email: _____

Phone: _____

Also Very Important: Please mail signed form(s) to:

Project 10
PO Box 65056
Baltimore, MD 21209

For more information about Project 10, please visit: www.100survivors.org.