



Artist name:

Artist age:

(If under 18yrs: Parent/Guardian must fill out and consent)

Parent/Guardian name:

Email address:

Home address:

Description of my Gold Ribbon art: (Why did you choose to color your ribbon the way you did?)

(Optional): I would like to dedicate this art work to : _____ . Relation: Family____, Friend____, other_____

_____By initialing this line, I consent I am either 18yrs of age or older or the parent/guardian of the person submitting and am to permitting Children's Cancer Network, an Arizona non-profit corporation (CCN) to:

1. Use Digital Content of the patient in connection with CCN activities and events. I authorize CCN, on behalf of the patient and family members listed above to take, create or use still photography, videotaping or digital imaging (collectively "Digital Content"). I waive any ownership right in any Digital Content that is taken and understand that such Digital Content is the exclusive property of CCN. I waive any right to review the Digital Content or to approve the format, style or medium of the Digital Content, including whether the photograph(s) are in printed or electronic format. I release, waive and discharge CCN from any and all legal liability and claims that may result from the lawful use or release of the Digital Content.
2. Use of information and Digital Content of the patient in connection with medical treatment, research, and education. I consent to CCN using the Digital Content for treatment, research and education purposes and for CCN's health care operations, such as to improve the quality of care to patients.
3. Use the patient's name. I authorize CCN to use the patient's name in connection with any Digital Content and in any publication in such manner as CCN, without restriction in its sole discretion, shall determine.
4. Use a Comment. I authorize CCN to use any quotation or comment made verbally by the patient, parent/legal guardian, physician or other healthcare provider concerning the care and treatment of the patient. I authorize the use and disclosure of information about the patient's medical condition and treatment in connection with the Digital Content even if the Digital Content contains private health care protected information.
5. Permit Media Access. I authorize CCN to permit the media to have access to and film the patient and family. I understand that once the media obtains information about and Digital Content of the patient, the media may redisclose the information and that the information and Digital Content may no longer be protected by the federal privacy rule.
6. Miscellaneous. This Release shall be governed by and construed in accordance with the laws of the State of Arizona. If any portion of this Release shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.
7. Revocation. I understand that I do not have to sign this authorization form. I understand that I may revoke this authorization at any time by notifying, in writing, CCN at 6150 W. Chandler Blvd. Ste. 1, Chandler, Arizona. If I revoke this authorization, I understand that it will not apply to any actions taken by CCN before it received the revocation. I understand that I may receive a copy of this form after I have signed it.
8. Release From Liability and Covenant Not to Sue. The undersigned on undersigned' behalf and on behalf of the family members listed above, agree, for themselves and their personal representatives, executors, administrators, heirs, next of kin and assigns, to release and discharge CNN and its officers, directors, employees, other representative of CCN, all of the foregoing's respective successors and assigns (collectively, the "Released Parties"), from, and waive in respect of each Released Party and covenant not to sue any Released Party for, any and all liabilities, losses, damages, costs, expenses (including, but not limited to, attorneys' fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon Digital Content, or relating to personal injury or death, or damage to or loss of property of, the patient and family members and sustained in connection with the patient's participation in the CCN Activity. Such Release shall include, but not be limited to, any and all such Liabilities caused in whole or in part by the negligence of any Released Party in connection with such Released Party's involvement with the Activity.