

CASCADE REGIONAL BLOOD SERVICES MODEL RELEASE

I hereby consent that the photographs (or film) taken of me by a member or members of Cascade Regional Blood Services' staff or any reproduction of the same may be used by Cascade Regional Blood Services or any of its assigns or licensees for the purposes of illustration, advertising, or publicity (including website, news releases, flyers, brochures, etc). It is required to have a signature from each donor or staff person prior to a photo being taken and used for publicity purposes.

Date: _____

Photographer: _____

Event or Blood Drive: _____

DONOR INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

EMPLOYEE INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____