



RELEASE FORM FOR PR, PRINT AND VIDEO TESTIMONIALS

I hereby give GEORGIA TRANSPLANT FOUNDATION, INC and those acting pursuant to its authority, permission to publish my testimonial interview, video and photograph.

I hereby authorize GEORGIA TRANSPLANT FOUNDATION, INC to:

1. Use my name, interview, photograph(s) and testimonial in connection to any press, media release news article, collateral material, video or video testimonial.
2. Use my name and biographical material in connection with the same.
3. Publish or distribute the testimonial through print, video, multi-media or any other advertising mediums in whole or in part without restrictions or limitations for any educational and non-commercial purpose which GEORGIA TRANSPLANT FOUNDATION, INC and those acting pursuant to its authority, deem appropriate.

I hereby release and discharge, its successors and assigns, its officers, employees and agents, and members of the Board of Directors, from any and all monetary obligations or payments to me or any and all of my authorized representatives for the use of photographs, videos, films, images and/or voice of myself.

I hereby consent to the release of said interview, testimonial and photograph or any other medium for the above-stated purposes. I have read this release and am fully familiar with its contents.

Signature: _____

Name (please print): _____

Date: _____ Telephone: _____

Please mail, fax, or e-mail your completed form to:
Georgia Transplant Foundation, 500 Sugar Mill Road, Suite 170-A, Atlanta, GA 30350
Fax: 770.457.7916 • E-Mail: GTF@georgiatrnsplant.org