

GENERAL MEDIA RELEASE CONSENT FORM



TO: Ovarcome Non-Profit Inc.
3015 Richmond Avenue, Houston, TX 77098

The continuity of the OvarCare program will depend on availability of funds and donor contributions. We hope that you will share your story and help us raise funds to support many more women who could benefit from the OvarCare program.

We would love you to be our **OvarCare Ambassador!** If you would like to share your light, and help other women like you, please submit the release permission below. Your participation is voluntary, but greatly appreciated!

Release Permission:

I _____ (please print full name), authorize Ovarcome Non-Profit Inc. to use my name, pictures, interviews, and likeness in all media, including but not limited to video, print, and electronic media, in such manner as the non-profit organization may deem advisable for the purpose of publicizing the work of Ovarcome in creating the OvarCare program and seeking funding from potential donors for program continuity. I understand that I am not entitled to reimbursement for the use of my name, photograph or participation in any and all media developed about and by Ovarcome Non-Profit Inc.

In signing this *Consent* I understand and acknowledge that:

- I will not receive any remuneration for the use of my name, media coverage, or quote.
- I am over 18 years of age and otherwise legally competent to sign this *Release*.
- I have read this *Release* in its entirety and understood it prior to executing it.

Date: _____ Signature: _____

Address: _____

Email Address: _____

Witness: _____