

**STUDENT PROGRAM FORMS**

**RELEASE FORM FOR PHOTOS OF STUDENTS AND WRITTEN MATERIALS PREPARED BY STUDENTS**

In consideration of Great Neck Breast Cancer Coalition (GNBCC) choosing or having chosen me to participate in its Students & Scientists Research Internship Program, I have granted and am granting GNBCC permission to take photographs of me, related to my participation in the program, and GNBCC is permitted to put the photographs to any legitimate use in support of GNBCC or the program as GNBCC may deem proper. I release to GNBCC all right, title and interest [1] in any such photographs or any reproduction of same, [2] in any writing or written material that I submit or furnish to GNBCC or the program; including, but not limited, to their use in any print medium, web site, articles or other transmission.

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SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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SIGNATURE OF STUDENT