



Media Release Form

Legal Name: _____

Preferred Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Hometown/Local Newspaper(s):

CARTI has my permission to share my story with the media,
Including details about my diagnosis or treatment.

Yes

No

I, _____, hereby grant to CARTI, CARTI Foundation, its employees, physicians, volunteers and other persons or entities working on behalf of CARTI or CARTI Foundation, consent and permission for interviews and/or photographing, still or film, for purposes of publication in newspapers, magazines, other printed media, Internet or social media, or for broadcast by means of video, motion picture, radio, television or Internet transmission. I agree this information may include details about my diagnosis and/or treatment. I understand this information may be used for public relations, marketing, fundraising, or related purposes. I release CARTI from liability, and waive any rights for compensation, in connection with the use of interviews and/or photographing, and subsequent publication or broadcasting.

Signature: _____ Date: _____

Witness: _____ Date: _____