

**Photo and/or Personal Story Release for  
Karen Ann Quinlan Memorial Foundation**

I hereby grant the Karen Ann Quinlan Memorial Foundation permission to use my personal story and/or likeness in a photograph, silhouette, performance, poses, acts, plays, appearances, voice and physical likeness for unlimited distribution in any and all of its publication processes, whether electronic, print, digital, or electronic publishing via the Internet, without payment or any other consideration.

I understand and agree that these materials will become the property of the Karen Ann Quinlan Memorial Foundation and will not be returned.

I hereby irrevocably authorize the Karen Ann Quinlan Memorial Foundation to edit, alter, copy, exhibit, publish or distribute this story and/or photo for purposes of publicizing the Karen Ann Quinlan Memorial Foundation's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my story and or likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the story and/or photograph.

I hereby hold harmless and release and forever discharge the Karen Ann Quinlan Memorial Foundation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)