



A Donate Life Organization

Consent/Release Form For New Media, Promotional Materials, Written Articles, Research and/or Photographs

I consent to the public release of information regarding the donation, recovery and/or transplant of organs and tissues for:

888.570.9400

24-Hour Donor
Referral Hotline
800.55.DONOR

MAIN OFFICE

1000 Broadway
Suite 600
Oakland, CA
94607-4099
510.444.8500
510.444.8501 fax

MODESTO OFFICE

4216 Kiernan Avenue
Suite 205
Modesto, CA
95356-8500
209.545.8000
209.545.8001 fax

FRESNO OFFICE

1040 E. Herndon Avenue
Suite 202
Fresno, CA
93720-3158
559.226.9002
559.432.4139 fax

**PARTICIPATING
TRANSPLANT
CENTERS:**

California Pacific
Medical Center

Lucile Packard
Children's Hospital

Stanford University
Medical Center

University of California
San Francisco

- Publication in California Transplant Donor Network promotional materials and/or written articles.
- Publication on the California Transplant Donor Network's Web site and/or social media sites.
- Media broadcasts and publications regarding the donation of organs and/or tissues.
- Research and scientific study on organ and tissue donation.
- Educational videos, presentations and literature.
- California Transplant Donor Network events and publications.

My consent is freely given as a public service to the California Transplant Donor Network without expecting payment and I release the California Transplant Donor Network and its employees from any and all liability which might arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

Name: _____

Address: _____

City, State: _____ ZIP Code: _____

Telephone: _____

Signature: _____ Date: _____

The California Transplant Donor Network requires the signature of a parent or legal guardian if the individual above is younger than age 18.