



# Waco Survivor Gallery



Submit your story by December 16

The Go Red For Women Waco Survivor Gallery is a compelling photo exhibit celebrating the personal experiences of endurance and courage of local heart disease and stroke survivors. Each survivor will have a story board in the exhibit, which will be celebrated throughout American Heart Month (February) and a featured spot at the Go Red For Women luncheon on February 24.

If you are interested in being a part of the Waco Survivor Gallery, please complete the forms included and share your story with us. You're encouraged to attach a photo to your submission.

**Be confident.** We want to hear your story and share it with others. If you're unsure of where to start, focus on your diagnosis and journey to recovery, how it changed your life and what you think every woman should know. **Be open.** This is an opportunity for you to share your story, triumphs and struggles, with women -- and men! -- in Waco. While it can be difficult to get personal, these details are what make your story unique.

Please email this form and your story to Rosalyn Mandola at [rosalyn.mandola@heart.org](mailto:rosalyn.mandola@heart.org) by December 16 to be considered. And thank you!



Locally sponsored by

life is why  
Waco



LOCHRIDGEPRIEST

The Waco Go Red For Women Survivor Gallery is sponsored by Lochridge Priest

Authorization and Release

I, \_\_\_\_\_, agree to be a volunteer spokesperson on behalf of the American Heart Association (AHA) to further its mission of fighting heart disease and stroke. I will share my health story with the AHA, the public and parties working with the AHA in support of its mission. I understand and agree that the AHA may share my health story, my name, phone number and other contact information with various media outlets including newspapers, television, radio, and magazines and with other third parties working with the AHA to provide educational information on heart disease and stroke to the general public.

I further understand and agree that:

The AHA may copy and distribute my health story and my likeness; and may create, copy, and distribute derivative works based upon my health story and my likeness in the form of print, videotape, film, slides, photographs, audio tapes, web site, internet, electronic media or other media. The AHA shall own the copyright in any such derivative works and may license or convey the copyrights to third parties at its discretion.

The AHA may disclose my health story to media representatives, including public relations agencies and others, for consideration for use in the AHA's public relations and educational promotions and materials;

The AHA may introduce me to media representatives but the AHA has no obligation to do so;

may be photographed and I will give interviews on my health story for use and publication in newspapers, magazines, television, radio or other media or with other third parties working with the AHA and will do so upon request of the AHA;

I will receive no compensation from the AHA for the disclosure or publication of my health story;

I may withdraw my consent to serve as a spokesperson before I have actually granted an interview to the media.

Once the AHA has introduced me to the media representatives for the possible use of my health story, the AHA will have no further involvement in the writing, development or production of my health story; and

The media outlet publishing my health story will own the copyright to the story and materials it publishes about me or that include references to or photographs of me.

I release, indemnify and hold harmless the AHA, its members, volunteers, employees, agents, and representatives from any and all claims or demands, known or unknown, arising out of or in any way connected with the AHA's use, disclosure or publication of my health story.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

In case of a minor, the Guardian must fill out below

I hereby warrant that I am the legal guardian of the minor named above and have every right to contract for her/him in the above regard. I state further that I have read the above agreement and that I consent and hereby agree on behalf of myself and the above named minor to its terms.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Date

**Write or type answers in space provided below**

<b>First Name</b>	<b>Last Name</b>
<b>Age (current)</b>	<b>City</b>
<b>ETHNICITY</b> <input type="radio"/> Caucasian <input type="radio"/> Asian/Indian <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> Other	
<b>Diagnosis</b>	<b>Age of Diagnosis</b>
<b>Phone Number</b>	<b>Email</b>

**Share your personal story in your own words (feel free to submit in separate document)**