

# After...

There Is Life After **BREAST CANCER**.com

## Share Your Story

(please choose)

- I am a Survivor! \_\_\_\_\_  
year of diagnosis
- I ♥ a Survivor!

Name:

Age:

Street Address:

City, State, ZIP:

Telephone:

Email:

By submitting this: (please circle all that apply) **story / poem / artwork / photo(s) / other**

to ThereIsLifeAfterBreastCancer.com, I state that I am the creator of the submitted material and I own the copyright and any other rights to it. I give you permission to post it on your website as you see fit and to use my name and story in any promotional materials to benefit the website. (We can post your work without your name on the site, but we still need this form signed by you.)

I understand I get content approval for any editing prior to posting on the website. I understand that I can withdraw my submission at any time and that you may remove it from the site at any time.

I understand at this time there is no compensation for submission, other than sharing my hope and strength with others who are in need. I retain the copyright to my submission. I understand that, in the future, one or more books based on this website may be published. My contribution will not be used in any such publication without my permission.

I will indemnify and hold harmless ThereIsLifeAfterBreastCancer.com, its principals, owners, and agents from any claims that may be made against them at any time by any person(s) or corporation in connection with my submission and/or breach of these terms.

Signature:

Print Name:

Date:

(please choose)

- I am
- I am not

enclosing a photograph of myself to be used on the website in any way you see fit.

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