



## Model Release

Leidos Biomedical Research, Inc. Please type or print information clearly

I hereby give the FNL contractor permission to record my image and/or voice, and grant the FNL contractor all rights to use these still, sound, or moving images in any medium for educational, promotional, advertising, or other purposes that support the missions of the FNL contractor and/or the National Cancer Institute. I agree that all still, sound, or moving images belong to the FNL contractor and may be retouched or enhanced as deemed appropriate by the owner.

### Model Information

|   |                                     |
|---|-------------------------------------|
| 1. First Name Madison   | 2. Last Name Fanta                  |
| 3. Organizational Affiliation or Laboratory Name ATOM Internship: Butler University student |                                     |
| 4. Telephone (219)775-9291  | 5. E-mail Address mfanta@butler.edu |

### Employment Identification

|  |
|--|
| 6. Model is:<br><br><input type="radio"/> U.S. Government Employee (Agency, Institute, Branch)<br><br><input type="radio"/> Contractor Employee (Name of Contractor)<br><br><input checked="" type="radio"/> Other (Specify): ATOM intern: Butler University student |
|--|

### Limitations on use

|                                     |
|-------------------------------------|
| 7. There are no limitations on use. |
|-------------------------------------|

### Signature of Model (if 18 years or older)

|   |                      |
|---|----------------------|
| 8. Signature<br> | 9. Date<br>5-23-2022 |
|---|----------------------|

### Signature of Parent or Guardian (if a minor)

|                |               |          |
|----------------|---------------|----------|
| 10. First Name | 11. Last Name |          |
| 12. Signature  |               | 13. Date |

### Signature of Witness

|                      |                            |
|----------------------|----------------------------|
| 14. First Name Avery | 15. Last Name VonDielingen |
|----------------------|----------------------------|

16. Signature



17. Date

5-24-22

Form must be sent to Scientific Publications, Graphics & Media (SPGM) in Building 362, where it will be kept on file.

***SPGM Internal Use:***

18. SPGM Job Number