RELEASE

I, _____, hereby consent to and approve use by the Chattanooga Down Syndrome Society of photographs of (circle all that apply): myself and/or my child(ren), _____, _____, and I hereby grant to it, the perpetual rights to use and re-use such photographs for CDSS marketing or informational materials including the CDSS website and print materials.

I hereby release and discharge CDSS, from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

I am of full age and have the right to contract in my own name, as well as to contract for my minor children in this regard.

Signature:

_____Required if mailed. Not required if emailed.

Please provide the following information (we cannot use your photographs without it):

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Date: _____