



Authorization for use of Photograph(s) by PWSA (USA)

I, _____, do hereby authorize and grant my full permission to Prader-Willi Syndrome Association (USA) (PWSA (USA)) to use, or to arrange for the use of one or more photographs that I supply for posting by PWSA (USA) on the PWSA (USA) website or for PWSA (USA) use for printed or other publications or purposes that may convey the identity (names may be used unless otherwise specified) and/or diagnosis of myself or my child(ren), _____, age(s)_____.

I certify that I have the authority to grant this authorization and I hereby waive rights of privacy and any other cognizable claims, which I may have in connection with the use of these photos on the PWSA (USA) website or printed or other publications or purposes. I understand that this consent is intended to release from liability all personnel of PWSA (USA), and is valid until revoked by myself or an authorized representative, which I may do in writing at any time.

I have been informed of the context and usage of the photo(s). I acknowledge that I voluntarily give my permission and waive my right and or my child's right of confidentiality, and that this permission is not a condition of eligibility for benefits or services in any way.

I may revoke this authorization form at any time by notifying PWSA (USA) at the address and phone listed below, of my intent to revoke this authorization. Returning this form to PWSA (USA), signed, dated and with the words "authorization revoked" is sufficient notice. However, I understand that such revocation will not have any effect on any information already used or disclosed by PWSA (USA) before a reasonable time after the Association received my written notice of revocation.

Prader-Willi Syndrome Association (USA)
8588 Potter Park Drive, Suite 500
Sarasota, FL 34238
Office: (800) 926-4797; Fax: (941) 312-0142

I understand that I am not required to sign this Authorization form in exchange for receiving benefits or services from PWSA (USA).

I understand that I may refuse to sign this form.

Photograph Information

Name of person(s) in picture: _____

Person has PWS? Yes No If yes, name & age: _____

X

Signature of Subject, Person in Picture, or Authorized Representative

Date

Print name

If Signed by Person Other Than Subject, Person in Picture, Authorized Representative Provide Reason/Relationship

Witness

Date

Please email completed form and/or testimonial to dyoung@pwsausa.org