

TM Awareness Day Photo Permission Form

We, the Transverse Myelitis Society, would like to use your photograph, or a photograph in which you appear, to promote TM Society Awareness Day activities. In order for us to use your photograph could you please read and sign the disclaimer below.

Thank you.

I, the undersigned, do hereby consent and agree that the Transverse Myelitis Society, its employees, or agents have the right to use my photographs, or those of my dependent (under 18 years of age), or photographs in which we appear, in any media, now or hereafter known, and exclusively for the purpose of fundraising initiatives and raising awareness of the condition.

I do hereby release to the Transverse Myelitis Society, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other remuneration.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement on behalf of myself or my dependent.

Name:

**Parent/Guardian of:
(if applicable)**

Address

Email

Phone

Signature

Date
