

PHOTO/STORY RELEASE FORM

Neurofibromatosis Midwest
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St. Charles, IL 60174

Instructions: Please review the criteria of this Release, complete it and return it to Neurofibromatosis Midwest. If you have any questions regarding the Release, please contact Neurofibromatosis Midwest at 630-945-3562 or info@nfmidwest.org. Thanks for your involvement and support.

Chapter Name (if applicable): _____ Date: _____

Address: _____

Coordinator: _____ Signature: _____

STORY RELEASE

I hereby consent to and authorize the use and reproduction, in print or electronic format by Neurofibromatosis Midwest and its beneficiary agencies, to use all and/or part of my story for promotional and educational uses, without compensation. I agree that Neurofibromatosis Midwest may use such story about me with or without my name for any lawful purpose including, but not limited to: publicity, illustration, advertising and Web content.

Please indicate if you would like your name to be changed for client confidentiality: YES NO

I have read and understand the above:

Signature: _____ Printed Name: _____ Date: _____

Signature, parent or guardian (if under age 18): _____ Date: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction, in print or electronic format by Neurofibromatosis Midwest and its beneficiary agencies, to photographs of me which have been taken for the promotional and educational uses, without compensation. I agree that Neurofibromatosis Midwest may use such photographs of me with or without my name for any lawful purpose including, but not limited to: publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature: _____ Printed Name: _____ Date: _____

Signature, parent or guardian (if under age 18): _____ Date: _____