



# Prader-Willi Syndrome Association of WI, Inc.

## PHOTO CONSENT FORM

*PWSA of WI, Inc. takes pictures at many of the events that they sponsor. They are used to help assist our awareness and educational efforts. In order to use a photo, we must have consent. Please complete the following form to ensure that we have your permission.*

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I, \_\_\_\_\_, the parent and/or guardian of

\_\_\_\_\_ give consent to PWSA of WI, Inc. to

(Person with Prader-Willi Syndrome)

use photos of my son/daughter \_\_\_\_\_.

I understand that photos may be used in newsletters, displays, website or other awareness and education projects. I understand that I can withdraw my consent at any time.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Sharing the use of your photos can make a personal and effective contribution to the work of P.W.S.A. of WI, Inc.*