



# THE CHROMOSOME 18

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## REGISTRY & RESEARCH SOCIETY

### PHOTOGRAPH PERMISSION & RELEASE FORM

I hereby give permission to The Chromosome 18 Registry & Research Society to use my name and photos taken at the 2017 Chromosome 18 Annual Conference in all forms and media for the purposes of education and awareness concerning genetic differences and chromosome 18 abnormalities.

Print Name: \_\_\_\_\_ Print Name (spouse): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature (spouse): \_\_\_\_\_

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

#### Guardian Consent For Children under 18:

I am the parent/legal guardian of the following children, and have read this release and approve of its terms in their behalf.

Printed Name of Child: \_\_\_\_\_

Printed Name of Child: \_\_\_\_\_

Printed Name of Child: \_\_\_\_\_

Printed Name of Child: \_\_\_\_\_

Printed Name of Child: \_\_\_\_\_

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

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