MDSS Consent to Use Photographic Images

Please accept the following picture(s) on behalf of:

_____, who is a minor under my custody and control;
(please list **all minors** in the photograph)

or

_____, who is an adult for whom I am authorized to make decisions

or

_____, myself,

I hereby consent to the use by the Manitoba Down Syndrome Society ("MDSS") of the picture(s) attached, for the following purposes:

- ❑ To use in an issue of the MDSS newsletter
- ❑ To use on the MDSS website
- ❑ To use in a MDSS publication for distribution to the public
- ❑ All of the above.

I consent to the use by MDSS of all or any part of the likeness of myself or the person on whose behalf I have given this consent, and to such alteration or enhancement of the image that is needed, provided that the essential appearance of this person or myself is unaltered. *Pictures will be returned if requested*.

Signature: _____

Name in full: _____

Address: _____ _____

Date: _____

Mail to:
Manitoba Down Syndrome Society
204 – 825 Sherbrook St.
Winnipeg, MB R3A 1M5

Or return by fax to: (204) 975-3027