



Consent & Photo Release

Please complete this form. Print each name for individuals who appear in the photo. If under age 18, legal guardian initials will express permission of use. Use of you/your family's photo, image, or likeness can be placed on/in TAAG website (internet media), brochures (print media), and/or the Experience magazine. In applying your signature to this form you are giving us expressed permission to utilize your name/caption and photographs, whether submitted and taken at events, for the purpose expressed above. All electronic submission should arrive by email with subject line: Photo Release "Your Family's Last Name" (150 dpi minimum). Thank you for supporting TAAG and you may write to us at:

The Albinism Alliance Group
 5850 Hunt Club Run, Ste. E
 Norcross, GA 30093

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Names of Adults & Children Appearing in Photo: (Legal Guardian Initial Required for all under 18)

Total Number _____

Name	Age	Initials	Name	Age	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date: _____ / _____ / _____

Signature: _____

