AMCSI
Arthrogryposis Multiplex Congenita Support, Inc.

PHOTO RELEASE FORM

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I understand that these images or recordings may be used for nonprofit purposes, including but not limited to educational materials, presentations, reports, websites, newsletters, and social media platforms operated by AMCSI.

I acknowledge that participation in Zoom sessions may involve group settings and that images or recordings may include multiple participants. I understand that all materials will become the property of AMCSI and will not be returned. I further acknowledge that no compensation will be provided for the use of these images or recordings.

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I understand that consent may be revoked at any time by providing written notice to AMCSI. I acknowledge that revocation will not apply to materials that were created or published prior to receipt of the written revocation.

By signing below, I confirm that I have read, understood, and agree to the terms of this Photo Release Form.

Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

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