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## PHOTOGRAPH RELEASE FORM

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American Academy  
for Cerebral Palsy and  
Developmental Medicine

I, \_\_\_\_\_, hereby authorize the American Academy for Cerebral Palsy and Developmental Medicine ("AACPDM") and the LifeShots Gallery Sponsor, the Weinberg Family Cerebral Palsy Center at Columbia University ("Sponsor"), to publish and display photographs taken of myself and/or the minor child(ren) listed below, and our names and likenesses, for use in the AACPDM's and Sponsor's print, online and video-based marketing materials, other publications, and events.

I hereby release and hold harmless the AACPDM and Sponsor from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) listed below associated with the images submitted. Further, I attest that I am the parent or legal guardian of the child(ren) listed below and that I have full authority to consent and authorize the AACPDM to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I nor the minor child(ren) will receive financial compensation of any type associated with the taking or publication of these photographs or participation in AACPDM or Sponsor marketing materials or other AACPDM or Sponsor publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

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### Authorization:

Name from above: \_\_\_\_\_

Street Address: \_\_\_\_\_

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Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this completed form to AACPDM: [meetings@aacpdm.org](mailto:meetings@aacpdm.org)