



Photograph and Story Release Form

Photographs of individuals with Propionic Acidemia would be helpful for comparisons and educational purposes. We request that you enclose at least three photographs that you would like to share with the Propionic Acidemia Foundation. Please sign this release form (indicating Yes or No as applicable) and send the photos along with this form. On the back of each photo, please write the name, birth date and age of your child in the photo at the time it was taken. Photos will not be returned.

By submitting your photo(s) and stories, you are hereby granting to Propionic Acidemia Foundation the irrevocable, perpetual, worldwide right to use, reproduce, edit, market, store, distribute, have distributed, publicly and privately display, communicate, publicly and privately perform, transmit, have transmitted, and promote the content.

I, _____
(Print name of person giving consent)

- Give consent for photographs to be used by The Propionic Acidemia Foundation for comparison and education YES / NO *
- Give consent for my child's photograph to be used on the Propionic Acidemia Foundation website. YES / NO *
- Give consent for my child's photograph to be used in the Propionic Acidemia on printed materials. YES / NO

* Number of photos included: _____

Signature

Date *

Delete or circle "Yes" or "No" as applicable. If no deletions are made, it will be assumed your consent is being given for all 3 statements.

Propionic Acidemia Foundation

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