



Media Waiver

I grant permission to Down Syndrome Organization of Southern Nevada (hereinafter "DSOSN") to use my likeness or image in any format, including but not limited to photographs, portraits, audio and/or video, for use in DSOSN related publications including but not limited to videos, emails, letters, brochures, newsletters, reports, calendars, pamphlets, magazines, and promotional materials, and to use my likeness or image in electronic versions of the same publications or on the DSOSN website or other electronic forms of media including but not limited to text messages, SMS, MMS, mobile apps, and any social media services such as Facebook, Instagram, Twitter, LinkedIn or YouTube. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with any DSOSN publication now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or relating to the use of my likeness or image.

Please initials the paragraphs below:

_____ I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will interpreted as a willful acceptance of the terms of this release.

_____ I am the parent and/or legal guardian of the below named child(ren). I have read this release before signing below, and I fully understand the contents, meaning and impact of this by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a willful acceptance of the terms of this release.

Participant(s) Name(s) (Please Print): _____

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____