PHOTO RELEASE FORM

AUTHORIZATION TO USE PHOTOGRAPHS:

I, ___________________________________________, hereby authorize the International Pompe Association (IPA) to use the photograph of ___________________________________________ on the IPA website’s Memorial page. This authorization is continuous and may be withdrawn by my written request to the IPA.

Relationship to the person in the photograph:

☐ Spouse
☐ Parent
☐ Aunt / Uncle
☐ Sibling
☐ Adult child
☐ Other: _______________________________

Signature: _______________________________

Printed Name: _______________________________

Date: ____________________________________