



Permission to use Photograph

Subject: _____

Location: _____

I grant the Indiana Parkinson Foundation, its representatives and employees the right to take photographs of me and my property with the above-identified subjects.

I authorize the Indiana Parkinson Foundation, it's assigns and transferees to copyright, use to publish the same in print and or electronically.

I agree that the Indiana Parkinson Foundation may us such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature: _____

Printed name: _____

Date: _____

Signature of Guardian if under 18: _____