## Multiple Sclerosis Society of Canada Image/Text Identification Release Form

- □ I hereby give my permission to the Multiple Sclerosis Society of Canada to use the image/ photograph or likeness of me and/or my minor child/children.
- □ I hereby give my permission to the Multiple Sclerosis Society of Canada to use my and/or those of my minor child/children verbal or written quotes, given directly, or taken from another source. State source of quote:
- □ I hereby give my permission to the Multiple Sclerosis Society of Canada to release my name or that of my minor child/children in a document where I/he/she/they will be identified as a person with multiple sclerosis.

I understand that the above-mentioned images, quotes, identifications and related documents may appear in various formats/ publications associated with the Multiple Sclerosis Society of Canada, its divisions or chapters and will be released into the public domain, which may include other outside media, to promote the MS Society and its fundraising and awareness efforts.

I understand that the above-mentioned documents may appear on the Multiple Sclerosis Society of Canada website and will therefore be released into the public domain.

**Instructions**: Please print your name and sign below. If permission is being given for a minor child or children (18 and under), please print his/her/their name(s) and sign as parent or guardian

| 1  |                          |
|--|--------------------------|
| Name of minor child – if applicable      |                          |
| 2  |                          |
| 2<br>Name of minor child – if applicable |                          |
| 3  |                          |
| Name of minor child – if applicable      |                          |
| Name                                     | Signature                |
| Dated at,                                | , in the Province of     |
| Date://////                              | ar                       |
| Please sign and return by fax or sca     | an and send by email to: |
| MS Society contact:                      |                          |
| Fax #                                    | _ Email                  |