



Child Release/Consent Form: FaceofMS.org

(Must be filled out for entries by children under the age of 18)

With respect to **FaceofMS.org** project launching on March 13, 2006 organized by the National Multiple Sclerosis Society (“NMSS”) and for good and valuable consideration, I hereby acknowledged and grant my child(ren) _____, who is/are under the age of 18, permission to participate in the project.

I further hereby release and agree to hold NMSS, its directors, officers, employees, agents and chapters harmless from any and all claims and demands arising out of or in connection with my child(ren)’s participation in the Event.

I also hereby grant to NMSS, the right to use, reuse, publish and republish my child(ren)’s name, voice, likeness, and/or other indicia of identity in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, for editorial, educational, promotional and advertising purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of NMSS, and to use biographical and other information about my child(ren) in conjunction therewith.

I also understand that for the purpose of confidentiality, the NMSS will only provide my child(ren)’s first name, last initial and applicable city, state on the Internet.

I have read the foregoing and fully understand the contents thereof.

All information requested below is required:

Parent/Guardian’s Name: Print Parent/Guardian’s Name: Signature Date

Address & Telephone

Email contact address (We will use this to confirm receipt and when story goes live.)

PLEASE MAIL OR FAX TO:

**FaceofMS/Consent
National MS Society
733 Third Avenue
New York, NY 10017
Fax: 212/986-7981**