

# PERMISSION FOR PHOTOS ON WEBSITE

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE YOU SIGN IT

As the parent or guardian, I understand that the NIHSA website is to be used for informational purposes only. I therefore agree to NIHSA and its owners harmless from any and all liability information acquired from the web. By signing this form I agree to let the NIHSA use photos of my child/children who are under the ages of 18 on the website until they reach the age of 18.

Child/Children Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If for any reason anyone **OVER THE AGE OF 18 WOULD NOT** like their photo on the NIHSA website please fill in this form below.

Name/Names (printed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:**  
**Megan Punt**  
**1113 Eastside Drive**  
**Sioux Center, IA 51250**

Date: \_\_\_\_\_