



AMERICAN  
PRINTING  
HOUSE FOR  
THE BLIND

## **Would you consider appearing in an APH photo or video?**

Dear Friend,

The American Printing House for the Blind (APH) is a non-profit organization that produces a wide variety of products and services for people who are blind or low vision. Founded in 1858, APH is the oldest company in the U.S. devoted to creating these products and is the largest organization of its kind in the world.

APH periodically has the need to depict people using APH products and services by shooting still photography, video images, or both. Images are used to educate people about the range of products and services offered by APH and about various aspects of the field of blindness.

We would be very appreciative if you or your child would consider appearing in one of these photos and/or videos. We regret that we don't have funds to compensate models, but we will be happy to supply copies of photos for the family's use.

If you agree to participate, please fill out and sign the supplied **Release Form**. Thank you very much for your generous cooperation!

Sincerely,

**The Staff of APH**

# Release Form



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

I consent, without compensation, to the use by the American Printing House for the Blind (APH), or by other organizations that APH authorizes, of the following: **my name and/or: still photo, voice recording, quoted words, video image of me and my property, or any reproduction of the same in any form.** I also grant permission to APH to distribute (including online posting) the same or any personally identifiable information (PII) that may be associated with the same ([APH Privacy Policy](#)). I agree that such a photo or video image of me shall be and remain the property of APH. I waive my inspection or approval of such images and/or accompanying copy.

Subject's Name: \_\_\_\_\_  
(please print or type)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**If model is 18 years of age or older, sign here:**

*(Skip to next line if model is a minor (under 18) or under the care of a parent or legal guardian.)*

Subject's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If model is a minor or under the care of a parent or legal guardian, sign here:**

Name of Subject's Parent  
or Legal Guardian (Print): \_\_\_\_\_

Subject's Parent or  
Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**

American Printing House for the Blind  
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502-895-2405 • 800-223-1839 • Fax: 502-899-2284  
info@aph.org • aph.org