

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:

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502-895-2405 • 800-223-1839 • Fax: 502-899-2284
info@aph.org • aph.org