



# Down Syndrome Association of Brazos Valley

Sign Language Class Registration	
Full name(parent)	
Child's Name	
Child's Age	
Home Address	
Home phone and/or cell	
e-mail address	

### Consent for Photographs, Videos or Television

I, the undersigned, hereby authorize photographs, videotape, or movies of (participant's name)\_\_\_\_\_ by representatives of the Down Syndrome Association of Brazos Valley or our instructors to be used on our Web site ([www.downsyndromeofbcs.com](http://www.downsyndromeofbcs.com)) and in the local media to further promote our group and Down syndrome awareness and inclusion.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

I further agree that the aforementioned program may use or permit other persons to use the negatives or the prints prepared thereof for any such promotional and educational purposes and in such manner as may be deemed beneficial and necessary. It is understood that the individual's name will not be visible during such usage unless permitted by the undersigned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

In consideration of me and/or my minor child being permitted to participate in this class, I hereby—for myself, my heirs and personal representatives—assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Down Syndrome Association of Brazos Valley its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities

Signature \_\_\_\_\_

Date \_\_\_\_\_