

Image Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to the Lymphangiomatosis & Gorham's Disease Alliance, Inc (LGDA), its affiliates and agents, to use my image (or minor) and likeness and/or any interview or statements from me (or minor) in its publications, advertising, or other media activities (including the Internet and social media). This consent includes, but is not limited to:

- a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me (or minor) and/or record my (or minor) voice;
- b) Permission to use my name (or minor); and
- c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me (or minor), and/or recording of my (or minor) voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet and social media), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

Name:	
Signature:	
Address:	
Date:	
Minor Information (under 18-years old)	
Name:	
Address:	