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PHOTO RELEASE FORM

AUTHORIZATION TO USE PHOTOGRAPHS:

I, _____, hereby authorize
the International Pompe Association (IPA) to use the photograph of

_____ on the IPA website's
Memorial page. This authorization is continuous and may be withdrawn by my written
request to the IPA.

Relationship to the person in the photograph:

- Spouse
- Parent
- Aunt / Uncle
- Sibling
- Adult child
- Other: _____

Signature: _____

Printed Name: _____

Date: _____