**Authorization for Use of Information by PWSA | USA**

**PWSA | USA is a nonprofit organization that focuses on enhancing the quality of life of and empowering those affected by Prader-Willi syndrome. As part of our mission, we like to “put people first” by featuring in our communications the faces, voices and statements of members of the PWS community.**

Therefore, we are asking you to sign the following authorization:

I hereby authorize and grant my full permission to Prader-Willi Syndrome Association | USA (“PWSA | USA”) to collect, use and store any of my personal information, including, without limitation, my likeness, image, voice, and/or statements (“the personal information”) for posting on the PWSA | USA website or social media pages, to use for printed publications or for other purposes that may convey my identity (names may be used unless otherwise specified), diagnosis and other information.

I acknowledge by signing this authorization form that:

1. I have the authority to grant this authorization and I hereby waive any rights of privacy and other cognizable claims which I may have in connection with the use of the personal information on the PWSA | USA website or social media pages, in printed or other publications, or for other purposes. I understand that this consent is intended to release from liability all personnel of PWSA | USA and is valid unless and until revoked as described below.
2. I understand that the personal information provided to PWSA | USA may reveal sensitive health information about me, including health conditions, diagnosis, and treatment.
3. I understand that any personal information I share with PWSA | USA may be included in various media, including, without limitation, print and digital media, audio and video recordings, photographs, and written statements.
4. I agree that PWSA | USA shall own worldwide copyright and other intellectual property rights in any work product incorporating the personal information. Under this authorization, I assign and transfer to PWSA | USA full worldwide right, title, interest in and ownership of all copyright and other intellectual property rights in such work product without payment of any fees, royalties or other compensation.
5. I understand that I may revoke this authorization at any time by sending an email to PWSA | USA at events@pwsausa.org which identifies the information covered by the revocation. Upon receipt of this notice, PWSA | USA will endeavor to stop using this information within a reasonable time after receipt of such notice.
6. I acknowledge that I am signing this authorization voluntarily and that I am not required to sign this authorization as a condition of eligibility to receive any benefits or services from PWSA | USA. I understand that I may refuse to sign this form.
7. If I have any questions about my privacy rights under this authorization, I understand I may contact PWSA | USA by sending an email to: events@pwsausa.org **.** The terms of this authorization are not linked to any other agreement, nor to the term of any other agreement, and the terms of this authorization will survive until a request for revocation is submitted as described above.

The Subject of this Authorization:

Please Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person whose Personal Information is the subject of this Authorization

Does this Person have PWS? □ yes □ no If yes, please provide age: \_\_\_\_\_\_\_\_\_\_\_

Signature

Please check one of the following:

The undersigned is: □ the person named above, or

□ the parent, legal guardian, executor or other legal representative of the person named above, if he or she is a minor or deceased

|  |  |
| --- | --- |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Signature of Person Named Above or Their Legal Representative Printed Name of Person SigningEmail Address: Mailing Address:   If applicable, Type of Representative (i.e., parent, legal guardian, etc.) |