

Down Syndrome Association of South Texas

Sharing the Experiences 2019 Calendar Form



Due no later than June 29, 2018

By Mail: 1127 Patricia Drive San Antonio, TX 78213

By Email: mnaeder@dsastx.org

By Fax: 210-349-4376

First Name _____ Last Name _____ Date of Birth _____

(Person with DS to be photographed)

Age _____ Gender Male / Female

Parent / Guardian

Responsible Party First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____ Area of San Antonio (circle one): North South East West Central

Ethnicity: African-American or Black, Hispanic or Latino, Asian, White or Other (circle one)

This information is designed for the purpose of data collection and will not be used for determining placement in the calendar.

Has your child ever been in the DSA Calendar: Yes No If yes, what year? _____

Waiver of Liability – Photo Release

This waiver must be signed or your application is not valid. The Down Syndrome Association of South Texas has my permission to use the applicant's photograph, likeness, artwork, profile and/or story in this and future publications, Web pages and other promotional materials produced, used by and representing the Down Syndrome Association of South Texas. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I further waive, release and discharge the Down Syndrome Association of South Texas, their officers, board members, sponsors, organizers, volunteers and the photographers from any and all injuries or damages of any kind whatsoever suffered as a result of taking part in this project. I also realize that photo submission does not guarantee the applicant's participation in this year's calendar, nor does it guarantee the size or arrangement in this calendar.

Parent / Guardian Signature

Date

Submitting this application is a commitment to making and keeping an appointment with the assigned photographer and selling the calendars as a fundraiser. Models must have their own transportation to the portrait session, which may be located anywhere in San Antonio and surrounding communities.

For DSA Office/Photographer Use Only:

Date application received: _____

Application # _____

Photographer assigned: _____

Studio name: _____

Date image rec'd: _____

Image selected for calendar? Yes / No

Month image used in calendar: _____

For Professional Photographer
Use Only:

PHOTOGRAPHER:

Please attach a wallet size of photo chosen for calendar HERE so we can match the image with the information submitted.

(Models do NOT need to submit a photo with

