



Submission and Web Posting Approval Form-Children’s Creative Work

I, _____ (Parent’s/Guardian’s full name), give The Mastocytosis Society, Inc. permission to post on The Mastocytosis Society, Inc. website, or use in The Mastocytosis Society, Inc.’s activities or publications for education, support and advocacy, the work (stories, poems, drawings, other art forms, puzzles or activities), titled _____ (title of work), that my child, _____ (child’s full name), has created. (Child’s full name will be used for the purpose of this permission document, but only his/her first name and age will be posted online unless otherwise specified by parent or guardian.)

I hereby release and hold harmless The Mastocytosis Society, Inc. from any reasonable expectation of privacy or confidentiality for my child, as listed, associated with the work specified above. I attest that I am the parent or legal guardian of the child listed above and that I have the full authority to consent and authorize The Mastocytosis Society, Inc. to use my child’s submitted work, name and age, as approved by parent or guardian.

I further acknowledge that participation is voluntary and that neither I, nor my child, will receive financial compensation of any type associated with the publication of the work on The Mastocytosis Society, Inc.’s website or use of the work in The Mastocytosis Society, Inc.’s activities or publications for education, support and advocacy. I acknowledge and agree that publication of said work confers no rights of ownership or royalties whatsoever.

I hereby release The Mastocytosis Society, Inc., its volunteers, and any third parties involved in the creation or publication of The Mastocytosis Society, Inc.’s work products, from liability for any claims by me or any third party in connection with the participation of my child listed here.

Child’s first name: _____ Child’s age: _____

If you would like to identify your child online in another way, please specify:

Parent’s/Guardian’s full name: _____

Parent’s/Guardian’s signature: _____

Date: _____

Parent’s/Guardian’s phone: _____ email: _____

Please submit form to KidsCorner@tmsforcure.org or mail to the address below.

The Mastocytosis Society, Inc., PO Box 416 Sterling, MA 01564