

# PACER FUN TIMES ~ Permission Form to Release Mailing Information

I give my permission to PACER Center to have my name/address/phone/email information to be distributed to other FUN TIMES members. This list will only be distributed among FUN TIMES Volunteers and Participants for the purpose of communicating outside group activities.

Name of parent if child is a minor: \_\_\_\_\_

Name of person if 18 years of age or older: \_\_\_\_\_

Date: \_\_\_\_\_

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## PACER FUN TIMES ~ Video/Photo Release Information

I give permission to PACER Center, Inc. to record, videotape and/or photograph my child and to publish these images in connection with PACER's FUN TIMES Project, including the website and promotional materials.

Name of parent if child is a minor: \_\_\_\_\_

Name of person if 18 years of age or older: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell or home) \_\_\_\_\_

\_\_\_\_\_  
Signature of person (parent, guardian, or student over 18) giving permission



**PACER Center, Inc.** • 8161 Normandale Boulevard • Minneapolis, MN 55437-1044  
(952) 838-9000 Voice • (800) 53-PACER Toll-free  
Web site: PACER.org • Fax: (952) 838-0199 • E-mail: PACER@PACER.org  
*An information and training center for families of children and youth with disabilities*