FACES OF 5P-AWARENESS CAMPAIGN

You are invited to join us in the 2025 Awareness Month Campaign, "The Faces of 5p-" by submitting a picture of your child or adult with 5p- syndrome (aka Cri du Chat syndromes) along with a short bio.

We are hoping to receive pictures and bios from families around the WORLD as we continue to promote our UNITY theme.

If you would like to participate, please submit your picture (in either jpg or png – portrait preferred), bio information and release by April 25, 2025 to director@fivepminus.org.

We will begin to showcase the pictures on our Social Media pages each day during awareness month and beyond. The goal is to get enough pictures to put together an awareness campaign video together to use to promote and create awareness of the syndrome.

Please fill out the information below or copy and paste the below information into an email and submit to

director@fivepminus.org

Child/Adult's Name:

Child/Adult's Birthday:

Child/Adult's Age:

Where your Child/Adult lives (City, State/Province/Country):

Answer the following questions (short answers only please)

- 1. Things I love/like:
- 2. Things I am successful at, or learned to do:
- 3. Things that challenge me, or I struggle with:



Photo Release:

| I hereby release to the 5p- Society all | proprietary rights and copyrights in 🗖 🔤 💶 🖺 🕷 🕷 🕷 🕷 🗷 🚾 👭 🕷 🕷 🕷 |
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| all such photographs, digital images, | voice recordings, actions, films and likeness (including negatives, positives and prints) of my |
| child/adult (name) | which shall be and remain the property of the 5p- Society. I understand that this |
| material may be used in various publ | ications, public affairs releases, recruitment materials, and broadcasts or for other related |
| endeavors. This material may also ap | opear on the 5p- Society's website, and other public social media sites. |
| I expressly release the 5p- Society, it | s directors, officers, employees, agents and volunteers from any and all claims, including |

| copyright and privacy, arising out of any reproduction, broadcast, distribution, publication, or promotion of this event. | |
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| Parent/guardian signature | Date |
|-------------------------------|------|
| (digital signatures are okay) | |
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