



Audio/Video/Photo Waiver/Release Form

I hereby irreversibly grant RISE for Autism the right to use and reproduce any and all photographs, video clips, and/or audio clips that I provide to them in any form whatsoever for use in RISE for Autism's newsletters, brochures, web sites, flyers, and in any other publications produced for the organization. Also, any photo that I provide of my child may be used, but do not use or print his/her name. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do content and agree to his/her release as provided above of all the Releases.

Please print the following:

Name

Street Address

City, State, Zip Code

Email: _____

Signature of Individual or Parent/Guardian if under 18

Date