



Audio/Video/Photo Waiver/Release Form

I hereby 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. I acknowledge that any photographs, video clips, and/or audio clips may be used in any form whatsoever for use in RISE for Autism's newsletters, brochures, website, flyers and in any other publications produced by the organization. Any photos that I provide of my child may be used, however, names and diagnosis will not be disclosed. 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.

To revoke this consent in writing, please contact:

Shannon Majoros, M.S., C.A.S., BCBA, LBA
Director of Programming
RISE for Autism
510 McCormick Drive, Suite U-W
Glen Burnie, MD 21061

Please print the following:

Name

Address

City, State, and Zip
Email: _____

Applicant Name:

Applicant signature

Date _____ / _____ / _____
(Month) (Date) (Year)

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.

Signature of Parents or Guardian if under 18

Date