



## Autism Empowerment Waiver

### Photo / Video / Audio Release and Waiver of Liability Form (Adult 18 and over)

I, (print name) \_\_\_\_\_, hereby grant permission to Autism Empowerment and the Autism and Scouting Program, its employees or representatives, to take and/or use (check all that apply):

\_\_\_\_ photographs/digital images    \_\_\_\_videotape    \_\_\_\_audio recording or quoted remarks  
\_\_\_\_ educational or other PowerPoint or presentation materials

of me or prepared by me, or of my property, for use in promotional or educational materials or other lawful use. These materials might include but are not limited to printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I further acknowledge that participation is voluntary and that I will not receive financial compensation of any type associated with the submission of any photograph, video or audio materials submitted.

I release Autism Empowerment or any of its agents from any liability for any harm that may be caused or damage that could be caused by the publication of any visual or audio materials that are submitted to Autism Empowerment.

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