



Autism Empowerment Waiver

Photo / Video / Audio Release and Waiver of Liability Form for Minor Children (under 18)

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

photographs/digital images videotape audio recording or quoted remarks of my child or children listed below for use in promotional or educational materials or other lawful use as follows:

printed publications or materials electronic / video publications or presentations Web sites other media formats

I agree that my child or children's name(s) and identity:

may be revealed may be revealed with first name only may not be revealed in descriptive text or verbal commentary in connection with the image(s).

I attest that I am the legal parent or guardian of any and all children listed below and I have full authority to consent and authorize Autism Empowerment to use their likeness and first name for purposes listed above.

I further acknowledge that participation is voluntary and that neither I or the minor child or children will 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.

I have read and understand the above:

Minor Name _____

Minor Name _____

Minor Name _____

Minor Name _____

Name of Parent / Legal Guardian (please print) _____

Email Address _____

Address and telephone (optional) _____

Signature or Parent or Guardian (if youth are under age 18) _____

Date _____