



Photograph, Film or Vocal Recording Release- ACEing Autism, Inc.

ACEing Autism, Inc. may take many pictures/video of the children throughout the year.

Note: *I authorize this release based on the following conditions:*

- *These records become the property of ACEing Autism or its representatives*
- *This release is given without promise of compensation*
- *This release is effective until terminated by a retraction in writing from the person granting this authorization*
- *The parent/legal guardian and the patient do release to ACEing Autism any right, title and/or interest of any kind they may have in the records produced*

I hereby grant to ACEing Autism, Inc. the right and authority to photograph, film and/or record vocally:

Participant Name (Print)

Date

These records may be used for promotional, publicity or teaching purposes and may be published in mass media publications, on the intranet or Internet sites, or shown on television or movie presentations.

The participant's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

Participant Name (Print)

Participant Signature (if over 18 years of age)

Parent Name (Print)

Signed (parent or legal guardian- If participant is under 18 years of age)

Date form signed

Witness name (print)

Witness signature

Date signed