

Autism Ontario

Consent to Photograph, Videotape & Waiver/Release



(Please print)
Name: _____ Age (if under 18): _____

Address: _____ City: _____

Prov: _____ PC: _____ Ph: with area code: (_____) _____

School Name (if applicable): _____

If participant is **under 14 years of age**, a parent or guardian must grant permission

Adult/Parent/Guardian Name: _____

1. I, _____ do voluntarily agree to have photograph(s) or video taken of myself or my child, by Autism Ontario or professional hired by Autism Ontario.
2. I, _____ do hereby waive, grant and release to Autism Ontario the right to publish the name, written article and/or photo/DVD/video of myself or my child to Autism Ontario. I understand that it/they may be:
 - printed in materials such as Autism Matters magazine, annual reports, manuals
 - placed on Autism Ontario website(s), and/or
 - incorporated into Autism Ontario's promotional material such as brochures and DVD/videos.
 - used in material by any authorized program(s) of Autism Ontario.
3. I hereby waive any claim against Autism Ontario and staff, for any personal or emotional distress that may arise in connection with the use of the material(s).
4. I understand that there will be no compensation to me for the use of the material(s).

I give permission to have the following used:

Photo (digital/electronic) DVD/video footage Name only Article/poem

Exception to Point #2.(specify) _____

I understand that if I receive copies (electronic files or hard copy) of the photographs taken of me and/or my child, I agree that these photos are to be used exclusively for my personal use (e.g. holiday photos, framed family photos) only and may not be used by any organization other than Autism Ontario.

Participant Signature **(if 14 or over)** _____

Parent or Guardian Signature: _____

Date: _____