

Calling all school principals and teachers in the Durham Region!



World Autism Awareness Day is April 2, 2017.

Do you have a student who really understands what autism awareness is all about and goes above and beyond to promote autism acceptance in your school? Nominate them for the

2nd Annual

JUNIOR ADVOCATE AWARD!

Simply submit the attached form by April 14, 2017 to durham@autismontario.com or mail to PO Box. 40008, Whitby, ON L1R 0G2. Winners will be presented with the award at our Annual Chapter Meeting on May 17, 2017 along with a \$100 bursary.

Autism Ontario Durham Region
Junior Advocate Award Submission Form

Name of School: _____

Nominator's Name (teacher/administrator): _____

Nominator's Signature: _____

Contact Phone Number: _____

Name of Student: _____

Grade: _____

Why you are nominating this student for the Junior Advocate Award.

Note: This can be a short paragraph about the students efforts, something they wrote, drew or created that demonstrates their efforts (attach).

Note: Parents permission must be obtained to submit. Please return the attached parental permission form with your submission.



Autism Ontario Durham Region Junior Advocate Award Parental Permission Form

(Please print)

Name: _____ Age (if under 18): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: (_____) _____

If participant is **under 18 years of age**, a parent or guardian must grant permission

Adult/Parent/Guardian Name: _____

1. I, _____ **grant permission to my child's school to nominate my child for the Autism Ontario Durham Region Junior Advocate Award.**
2. 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.**
3. 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
4. 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).
5. 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 ___ Child's Name
___ Article/Poem
___ Exception to Point #2 (please specify if applicable)

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: _____

*Photo waiver is valid until named individual(s) (or parent) indicates otherwise in writing to Autism Ontario.