

Autismhelpnow.org

Photo/ Interview/ Personal Story Release Form

Date:

Full name:

Email:

Phone:

I give permission for autismhelpnow.org to publish **with exclusion of any items crossed out below**

My story

My photo

My first name

My full name

My child's first name

The photo I have provided

Other_____

For autismhelpnow.org to use **with exclusion of any items crossed out below**

Website Posts

Media such as newspapers and television

Magazine Articles directly related to Autismhelpnow's campaign

Flyers and Promotional Materials

Reports and Presentations to Hospital staff/ Corporations directly related to furthering autismhelpnow.org's campaign

Other_____

I will make no monetary or other claim and grant to Autismhelpnow.org and the right to copy, reproduce, and use all or a portion of the statements for all purposes listed above throughout the world and in perpetuity excluding the sources crossed out above.

I grant the right to use my image and name in connection with all uses of the Interview and waive the right to inspect or approve any use of my Interview.

I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Signature of Person(s) Interviewed/Photographed/ personal story submitted:

Signature: _____ If under 18, signature of Parent or
Guardian: _____