



## Permission Form for Publicity Purposes

*(This form is intended for individuals **OVER** the age of 18)*

I, the undersigned, \_\_\_\_\_,  
**(Name of Individual)**

hereby give my permission for my photograph and name to appear on the Web site, [WWW.ADSHELPS.ORG](http://WWW.ADSHELPS.ORG) or [WWW.HVPOAC.org](http://WWW.HVPOAC.org) , and/or in any Autism Directory Service, Inc./Parents of Autistic Children-Hudson Valley (ADS/HV-POAC) brochure and/or publication, on a non-paid basis.

I release ADS/HV-POAC, and its officers and directors, from any and all claims, demands, actions, liabilities, causes of action, suits, damages and judgments as a result of the use of the above information about me in the publications and/or media broadcasts described above.

I am over the age of 18, have read the above information, understand the conditions of the above agreement and will be bound by its terms on my own behalf.

**Please print your name here** \_\_\_\_\_ **and sign below:**

Signature of Individual \_\_\_\_\_ Date \_\_\_\_\_