



Permission Form for Publicity Purposes

*(This form is intended for individuals **over** the age of 18 with a legal guardian)*

We, the undersigned individual and the parent/guardian of

_____ (the "Individual"),
(Name of Individual)

hereby give our permission for the Individual's photograph and name to appear on the Web site, WWW.ADSHELPS.ORG or 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.

We 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 the Individual in the publications and/or media broadcasts described above.

Each of us is over the age of 18, has read the above information, understands the conditions of the above agreement and will be bound by its terms on our own behalf.

Please print your name here _____ **and sign below:**
Parent/Guardian

Signature of Parent/Guardian _____ Date _____

Please print your name here _____ **and sign below:**
Individual

Signature of Individual _____ Date _____