



Permission Form for Publicity Purposes

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

I, the undersigned parent/guardian of _____ (the "Individual"),
(Name of Individual)

hereby give my 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.

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 the Individual 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 and on behalf of the Individual.

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

Signature of Parent/Guardian _____ Date _____

Your Relationship to Individual _____