



Completed forms should be submitted by fax to 905-627-9531, or by emailing a scanned copy to editor@autismbeacon.com

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE/MEDIA RELEASE

I, (print name) \_\_\_\_\_, hereby grant permission to AutismBeacon.com, its employees or representatives, to take and/or use all photographs/digital images I have supplied for use in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications.

I further agree that my name and identity:

\_\_\_ may be revealed in descriptive text or commentary in connection with the image(s).

\_\_\_ may not be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these materials indefinitely without compensation to me.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of adult subject)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State/Prov, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ hereby grant permission to AutismBeacon.com its employees or representatives, to take and/or use all photographs/digital images of my child that I have supplied for use in promotional or educational materials in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications.

I further agree that my child's name and identity:

\_\_\_ may be revealed in descriptive text or commentary in connection with the image(s).

\_\_\_ may not be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these materials indefinitely without compensation to me.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of adult subject)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State/Prov, Zip)