**AUTISM CONSECRATED SUBMISSION**

**CONSENT AND RELEASE FORM**

I,  ( the “Submitting Party”)\_**First/Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby authorize Autism Consecrated (the “Released Party”) the right and permission of ownership, the right to copyright and/or publish, and the right to reproduce or otherwise use my: (please check all permissions you give):

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name

\_\_\_\_\_Voice \_\_\_\_\_ Image and other likeness

\_\_\_\_\_ Submitted material (in any format, in part or whole, including but not limited to video, photographs, visual materials, written materials, and audio recordings).

I acknowledge and understand my submission may be used for both commercial and/or non-commercial purposes, at the discretion of Autism Consecrated and its agents.

I understand that what I submit may be edited, copied, exhibited, published and/or distributed. I also understand this material may be used individually or in conjunction with other media in any medium, including without limitation to print publications, digital publications, and/or public broadcast for any lawful purpose. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I acknowledge and understand that I will not receive compensation for my submission or its publication. Autism Consecrated and its agents hereby grant permission for me to promote what I submit on my own platforms, at my own discretion.

I acknowledge and understand that Autism Consecrated reserves the right to refuse any submission at the discretion of its agents.

I hereby acknowledge and grant Autism Consecrated and its employees, agents, licenses, successors, and third-party organizations all ownership rights and the irrevocable right and permission to use, copyright, publish, sell, distribute, and/or promote the recorded video, photo, interview, and/or audio.

I understand my participation is voluntary and that I may, at any time, discontinue my involvement before signing this document. If I choose to discontinue participation, I will notify Autism Consecrated and its agents by providing written notice.

I understand that Autism Consecrated and its agents can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental) and release Autism Consecrated and its agents from any claims, demands, losses, damages, suits, and liabilities of any kind whatsoever in connection with the foregoing.

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age, my parents or legal guardians have read this document and have given their consent by signing below.

By signing this form, I acknowledge that I have completely read and fully understand the above consent and release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for marketing, educational, promotional, and/or any other lawful purpose whatsoever.

**Participant Name (please print):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THOSE UNDER 18 YEARS OF AGE: Parent/Legal Guardian Name (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**