

## **Internet/Photo Release Form**

I do hereby consent and agree that Autism Family Services of New Jersey (AFSNJ) and The Family Resource Network (FRN), and all other affiliates/programs under The Family Resource Network, its employees and agents have the right to take photographs, videotape, or digital recordings of me/my child during my/my child's participation in **AFSNJ Scholarship Program** to use in any and all media forms including; advertising, publications, website, internet and social media. This (these) photograph(s) may be used indefinitely as part of the above mentioned program and may also be used to promote to educational or health professionals, referral sources, and/or the general public in print and/or electronic format. I do hereby release to The Family Resource Network, and all other affiliates/programs under The Family Resource Network, its employees and agents, all rights to exhibit this work of myself/my child in print and electronic form for publicity or privately. \_\_\_\_\_ Initial

I further consent that my/my child's name and identity may be revealed therein or by descriptive text or commentary. I understand that I can withdraw my permission for future publication and that upon my written request, the photograph(s) will not be re-published for future circulation. This will not affect my/my child's relationship with The Family Resource Network or staff in any way. I understand that I/my child will receive no financial or other reimbursement for recording, photographing or videotaping me/my child, either for initial or subsequent transmission or play back. \_\_\_\_\_ Initial

If I want more information about the photograph(s), or if I have questions or concerns at any time, I can call or e-mail the Communications Coordinator at The Family Resource Network.

**Signing my name below means that I have read and understand this form ; and that I am giving consent to be photographed during my/my child's participation in **The AFSNJ Scholarship Program**, thereby granting permission for the use of my/my child's photograph in any publication or advertising material (printed or electronic) of The Family Resource Network, and all other affiliates/programs under The Family Resource Network, its employees and agents. This consent also serves to waive all rights of privacy and compensation which me/my child may have in connection with the use of my/my child's photograph.** \_\_\_\_\_ Initial

I represent that I am at least 18 years of age, or am the parent or legal guardian of said child below and have read and understand the above statements, and will execute this agreement. \_\_\_\_\_ Initial

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Signature of Participant)

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

\_\_\_\_\_  
(Name of Parent/Legal Guardian)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

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

\_\_\_\_\_  
(Name of FRN Representative)

\_\_\_\_\_  
(Signature of FRN Representative)

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

