

Return completed form and images to:

Florida Institute of Technology ■ The Scott Center for Autism Treatment
150 W. University Blvd., Melbourne, FL 32901-6975
321-674-8106 ■ www.thescottcenter.org

Please type or print clearly

I, _____, parent/caregiver of _____,
do hereby give The Scott Center for Autism Treatment assignees, licensees and legal representatives the irrevocable right to use my name (or fictional name), picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, social media, video or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

I have read this release and am fully familiar with its contents:

Signature _____ Date _____

If model is of minor age, additional consent of parent or guardian is required:

I have legal authority to execute the above release. I approve the foregoing and waive any rights on the premises.

Signature _____ Date _____

Witness Signature _____ Date _____

FOR OFFICE USE ONLY

Dept./Office _____ Faculty/Staff Name _____

Photographer _____ Phone _____

Photo Shoot Date _____ Subject/Location _____

ID Method _____

Roll/print number, hair and/or clothing color, etc.