



# Spectrum Promising Association

## CONSENT AND RELEASE

**To: Spectrum Promising Association (SPA) , 20 Arbour Vista Way, NW, Calgary , Alberta, T3G 4R1  
("Spectrum Promising Association")**

I consent to the use of videotape, audio recording, digital information, personal story and/or photographic material, together with names and any illustrations, depictions, pictures, portraits or likeness created from negatives, transparencies, prints or digital information (collectively, the "Material") depicting myself, my immediate family and/or friends for general release to the public to support the mission and programming initiatives of Spectrum Promising Association. I agree that the Material, as well as copies of and derivative works from the Material, may be used as Spectrum Promising Association or those acting upon the authority or permission of Spectrum Promising Association may deem appropriate. I understand that Spectrum Promising Association will own all rights in the Material and will have the right to broadcast, distribute, exhibit, and otherwise use the Material forever, anywhere in the world, on the internet and in all other media. I understand that Spectrum Promising Association is not obligated to use any of the Material. I understand that Spectrum Promising Association will not pay me or my family for appearing in the Material or its use. I acknowledge that I have no right to inspect and/or approve the Material as used or any work created from or used with such Material. I release Spectrum Promising Association and those acting on behalf of Spectrum Promising Association from and against any and all liability arising out of the exercise of the rights granted by the above and any manipulation, blurring, computer imaging and distortion of the Material, whether intentional or otherwise, that may result from the completion of any work involving the Material.

**I acknowledge that use of the Material may lead viewers and others to believe that I, my family or my friends have autism or disabilities, and I hereby waive any right to object to such depiction and any claims of violation of any privacy, publicity or other rights.**

### ***Individual OVER the age of 18***

_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Street Address	City and Province/Territory	Postal Code
_____	_____	
Email Address	Phone Number	

***If the individual who is or may be appearing in the Material is UNDER the age of 18 or has a guardian for purposes of this Consent and Release, Parent/Guardian must sign above AND complete the following:***  
**I am the parent/guardian of the individual listed below who is under the age of majority for signing this Consent and Release or who has a guardian responsible for this Consent and Release. I have full authority to sign this Consent and Release, which I have read and approve. No other signatures are required.**

Parent/Guardian of: \_\_\_\_\_

_____	_____	_____
Parent/Guardian Signature	Print Parent/Guardian Name	Date & Phone Number
_____	_____	
Email Address	Phone Number	