



Information & Media Release Form

Please grant the following permissions. Permission can only be granted by Client or Authorized Agent.

Client name

Information release

As part of Center for Accessible Technology's (C4AT) services, we may collaborate and share information with other service providers, including medical, educational, therapeutic, and service professionals. C4AT will collaborate and share information only with professionals whose contact information has been shared with C4AT by the client and/or client representatives. This collaboration will last only through the services provided by this referral.

Client/Authorized Agent Initials

Date

Visual media release

As part of Center for Accessible Technology's (C4AT) services we may capture a client's use of and/or need for supports in photographs and/or videos. Please indicate your willingness to permit us to photograph or video record you/your client in the following ways:

- Our services (required)
Training and teaching (optional)
Presentations (optional)
Marketing materials (optional)
Publications (optional)
Research (optional)
Website (optional)

I understand and agree that any photograph or video using my/my client's likeness will become the property of C4AT and will not be returned. I also acknowledge that since my participation with C4AT is voluntary, I will receive no financial compensation. I irrevocably authorize C4AT to distribute this media for the purposes indicated above or for any other related, lawful purpose. I hereby hold harmless and release and forever discharge C4AT from all claims, demands, and causes of action.

Client/Authorized Agent Initials

Date

Please authorize the above permissions by signing below:

Client/Authorized Agent Name

Client/Authorized Agent Signature

Date