



Center for Accessible Technology

PHOTO RELEASE FORM

As part of the supports and considerations provided by Center for Accessible Technology we will capture the use and need for AT supports in photographs and videos. Please indicate your willingness to permit us to use these photos and images for the following purposes:

I, _____, grant permission to the Center for Accessible Technology (CforAT) to use my/my child's likeness in a photograph or video for the following purposes (Please check all that apply):

Required

Our assessment process

Optional

Training and teaching

Presentations

Publications

Research

Website

Marketing materials

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

Child's Name (if applicable)

Signature (or parent or legal guardian signature if under 18) _____ Date

Printed Name: _____

Address: _____

City/Zip: _____

Phone #: _____ Email: _____

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