



**AUTISM
SPECTRUM
SUPPORT,
INFORMATION &
STRATEGIES FOR
TRANSITION**

West Valley

Parent/Caregiver/Professional Registration & Photo Release

Cell
 Home

Name(s): _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

If Parent, child's name: _____

Food allergies, medical or other issues of which staff should be aware? _____

*Continue on back if necessary

Emergency Contact Name: _____ Phone: _____

I (We), the undersigned do hereby release, forever discharge, and agree to hold AZ ASSIST, Inc. and the site organization(s) harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending activities sponsored by AZ ASSIST, Inc.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities. I (We) give permission for administration of emergency medical care in accordance with standard medical practice by appropriate health care personnel. I (We) release AZ ASSIST, Inc. and the site organization of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (we) agree to accept any and all financial responsibility as a result of acquiring or providing medical treatment.

I (We) further hereby agree to indemnify and hold AZ ASSIST Inc. and the site organization(s), and their respective members, directors, employees, volunteers, and agents (the "Indemnitees") harmless from and against any and all claims, demands, actions, lawsuits, damages and liabilities, including attorneys' fees and expenses sustained by the Indemnitees as the result of the negligent, willful, or intentional acts of the undersigned and/or participants.

Furthermore, I (we) understand that AZ ASSIST and the site organization will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the activity at my (our) expense.

If the participant is under 18 or is under the authority of a parent or guardian, I (we) the parent or guardian hereby agrees to all of the foregoing on behalf of the participant and grants permission for the participant to fully participate in the sponsored activities and further agrees on behalf of the participant that all rules and regulations of AZ ASSIST Inc. and the site organization will be followed.

I (We) hereby grant AZ ASSIST, Inc. permission to use my likeness in a photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity. I (We) hereby authorize AZ ASSIST, Inc. to edit, alter, copy, exhibit, publish or distribute these photos for purposes of AZ ASSIST Inc.'s programs or for any other lawful purpose. In addition, I (we) waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I (we) waive any right to royalties or other compensation arising or related to the use of the photograph. I (we) hereby hold harmless and release and forever discharge AZ ASSIST, Inc. from all claims, demands, and causes of action which I (we), my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If initialed, I do not grant permission for my likeness to be used. _____

I (We) have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature Date

Signature Date