

# Play4Autism Foundation Photo and/or Video Release

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**Name of Child:**

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent(s)/Guardian Name:**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

[www.play4autism.org](http://www.play4autism.org)

718.440.9863