



The New Jersey Center for Outreach & Services
for the Autism Community
1-800-4-AUTISM (in NJ)
(609) 883-8100
www.njcosac.org

COSAC RELEASE FORM

Production Title: For use general use in any COSAC production, publication and materials

Production Date(s): N/A

In consideration of my participation in a COSAC videotape production or DVD project, as well as newsletters, website and other publications, I hereby authorize COSAC to use my name, biography, likeness, voice and performance in the production, broadcast or distribution "via any medium" of the production and for the purpose of publicizing and promoting COSAC services and raising autism awareness. I further authorize COSAC to edit my stated or taped contributions, including my performance therein, in whole or in part, in context, and to make duplications of the production, in whole or in part, by any other means now known or hereafter devised, for any lawful purpose throughout any medium of distribution throughout the world in perpetuity.

I agree to indemnify and hold COSAC and any third party harmless, in connection with my participation in the production, against any liability, loss, claims, or damage of any kind whatsoever caused by or arising from any use of my participation in the production, or any utterance made by me or material furnished by me in connection with my participation.

Signature:

Name (Printed):

Witness:

Address:

City and State:

Date:

I am the parent and/or guardian of the above minor, and I endorse this statement on his/her behalf.

Signature:

Name (Printed):