



Parent Name PLEASE PRINT	Email Address	On behalf of	
		Child Name	Child Name

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☐ Adult ASD Group

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PHOTO RELEASE, GENERAL WAIVER AND RELEASE OF LIABILITY

I hereby waive and release my rights and the rights of my child, my heirs, personal representatives and/or assigns to hold Autism York, a Pennsylvania non-profit corporation, its officers, directors, employees, agents, volunteers and representatives liable for any damages or injuries suffered by myself or any child, whether such damages are caused by physical injury, loss of property, acts of a third party or any other cause of whatever description no matter what the source may be, and I agree to indemnify Autism York, its directors, officers, employees, owners, agents, volunteers and representatives from all such claims, including attorney fees and costs.

Furthermore, by signing this Waiver and Release, I am acknowledging that I am aware of and understand the rules for activities or events conducted or sponsored by Autism York, and that, engaging in these activities or events can, by nature, hazardous, and as such, cause injuries to myself, or to the children.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

By providing your name(s), you grant permission for Autism York to use photographs that may contain your image in publications, news releases, online and in other communications/materials related to our Mission.

The undersigned further expressly agrees that the foregoing waiver is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion of it is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have read this waiver and release and fully understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to give a complete and unconditional release of all liability to the greatest extent allowed by the law.

Parent/Guardian Signature: _____

Date: _____