

Authorization and Release Information

I, _____, understand my testimonial regarding services my child and/or myself received as outlined above (the "Testimonial Statement") and made on behalf of Autism Spectrum Interventions (ASI) may be used in connection with publicizing and promoting ASI and Timothy M. Prior. I authorize the use of the indentifying information included in the Testimonial Statement including names, biographical information, and all other contents of the Testimonial Statement as defined on this form. In addition, I authorize the use of a brief biographical information overview including the region I am from and the age of my child and/or myself and applicable diagnosis.

I hereby grant to ASI, Timothy M. Prior or legal representatives assigned by Timothy M. Prior or ASI the absolute right and permission to use, reuse, publish and republish, the testimonial I provide. I also grant ASI and Timothy M. Prior the right to alter or change the testimonial I provide (including changes to name, length of testimonial, and locations) to protect the privacy and conceal the identity of parties mentioned in the testimonial statement.

I hereby irrevocably authorize ASI to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing and/or promoting ASI or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against ASI for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release ASI and Timothy M. Prior from all claims, demands and causes of action which I, 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.

I have read the authorization and release information and give my consent for the use as indicated above.

Signature: _____ Date: _____

Relationship to the Child: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

If you prefer a particular wording of your biographical information for the posting please list below: (Examples: Mother of an ASI client in Brea, CA; Parent Garden Grove child; Mother living in Southern California with a 16 year-old son with Down Syndrome.)

If this document was translated, translator print name and sign and date here:

Translator Print Name

Translator Sign Name

Date