



## ***Join us in promoting Autism Acceptance Month by sharing a video!***

The **Autism Society of Greater Akron (ASGA)** is joining the Autism Society of America to collectively advocate for April to be changed from Autism **Awareness**, to Autism **Acceptance** Month!

As part of this campaign, we are launching **#IAmMe**, which seeks to empower individuals with autism by high- lighting strengths as we celebrate differences. The hashtag challenge asks our audience to help us create short videos with the following:

1. Create one short video answering the questions listed below.
2. Create a short video doing a favorite activity.
3. Showcase pride and promote acceptance!

Please adapt to each individual's ability and support professionals or parents are welcome to help!

### **Questions**

***Please take a 5 second pause before you answer each question.***

1. What is your name? (Please include that you are doing this for #IAmMe)
  2. How does autism relate to you? (self-advocate, parent, etc.)
  3. What does Autism Acceptance mean to you?
  4. What do you want people to know about autism?
  5. What do you like to do out in the community? (i.e., go to church, work, swim, hike, bike, etc.)
- (If possible take a video of you doing this activity)**

### **Directions for Videos**

**IMPORTANT:** Please record all videos in **LANDSCAPE** or **HORIZONTALLY** with a neutral or natural background. Please email videos to [moriah@autismakron.org](mailto:moriah@autismakron.org) or text them to 330.719.3811 for editing.

Please also send the attached photo release to allow us to share your video!

Thank you for your help!



## PHOTO RELEASE FORM

**#IAmMe**

***I give permission for my child/myself:***

To be photographed and/or videotaped by an Autism Society of Greater Akron (ASGA) representative, or third party media acting on behalf of ASGA for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational or promotional purposes. I understand that photographs and video become the property of ASGA without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the following person(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_

**Please also print name:** \_\_\_\_\_

Thank you!