



501(c)(3) organization

**Board of Directors**

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Paige Binsley

**Career & Life Skills Coach &**

**Program Facilitator for Teen &**

**Adult Work Program**

Pamela Bamerio, MA

**Social Skills Facilitator**

Lynn E. Border, LMFT

**Ventura County Monthly**

**Facilitators**

Moms & Dads Night Out

Melissa & Jack Berenstein

Moms Coffee

Erin Bell

**Orange County Monthly**

**Facilitators**

Family Support Specialist &

Community Liaison

Michelle White

CHILD'S NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

I hereby authorize and grant permission to the Center4SpecialNeeds to reproduce my child's photographic and/or video image and my filmed testimonial and story. I agree that such reproduction may be edited as desired and used in whole or part for any and all print, audio-visual, multimedia, online and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefit derived there from.

I recognize that I have the right to enter into the Agreement and that my rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I agree to indemnify and hold harmless the Center4SpecialNeeds from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees, arising out of the inaccuracy or breach or any provision of this Agreement. I expressly release the Center4SpecialNeeds from any and all claims arising out of the use of my child's photographic or video image.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

Parent or Legal Guardian; \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

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

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