



## Photo / Video / Audio Release Form

At Autism Spectrum Interventions (ASI), we are always seeking to enhance our staff’s knowledge and training. In doing so, we would like to ask your permission to record your child during sessions for the purpose of educating and training our staff. In addition, some supplies / stimuli such as visual supports are best implemented with actual photos of our clients.

If you do not want your child recorded FOR ANY REASON there is NO obligation to agree to your child being recorded. ASI will never record your child without your permission.

I, \_\_\_\_\_, agree to the recording; video, audio and / or still imagery / photograph of my child, for the purpose of creating materials for my child’s program including but not limited to documenting baseline information and visual support systems.

I, \_\_\_\_\_, agree to the recording; video, audio and / or still imagery / photograph of my child, for the purpose of training and supervision within the company. I understand that the footage will be used to help train and educate ASI staff on intervention procedures.

I, \_\_\_\_\_, agree to the recording; video, audio and / or still imagery / photograph of my child, for the purpose of educating researchers, educators, and families at various conferences, trainings, workshops or other educating venues. I will allow my child’s footage to be used for the purpose of research and training of individuals outside of ASI.

I, \_\_\_\_\_, **do not agree** to the recording; video, audio and / or still imagery / photograph of my child, for any reason and will not consent to the recording or photographing of my child by ASI staff.

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_



## **Photo / Video / Audio Release Form; Media**

I, \_\_\_\_\_, agree to the recording of myself and/or my child for the purpose of Autism Spectrum Interventions using the images on the ASI website, brochure, testimonial, training, video or other media expression.

In consideration of the engagement as a model of the minor / dependent named below and myself, and for other good and valuable consideration I herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to Autism Spectrum Interventions (ASI), its legal representatives and assigns, those for whom ASI is acting, and those acting with ASI's authority and permission, the absolute right and permission to take, use, reuse, publish, and republish video, audio and still imagery of myself or my minor / dependent child in which myself or my minor / dependent child may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's / dependent 's own or fictitious name or my own name or fictitious name or reproductions thereof in color or otherwise, made through any medium at his/her studios, in the community, clinic, my home or elsewhere, and in any and all media now or hereafter known, for advertising, art, trade, training or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith. I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless and defend ASI, its legal representatives or assigns, and all persons acting under permission of or authority or those for whom ASI is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said imagery or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or violation or any right of publication or privacy.

I hereby warrant that I am of full age and have every right to contract for the minor / dependent in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the content thereof. This release shall be binding upon me, and my legal representatives.

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

**Minor / Dependant Name:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_