

Photograph & Video Release Form

I hereby grant permission to the rights of my child, _____'s image, likeness and sound of his/her voice as recorded on audio or video tape without payment or any other consideration. I understand that his/her image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- social media promotions

I further understand that general diagnostic terms such as “youth with autism”, “young person with special needs”, “exceptionality”, “diverse abilities” etc. may be used in conjunction with my child’s likeness.

By signing this release I understand this permission signifies that photographic or video recordings of he/she may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

his release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Child’s Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Email _____

Signature _____ Date _____