

Autism Society



# Autism Society of McLean County

## Consent for Pictures/Videotaping

I/We, \_\_\_\_\_ the parent(s)/guardian(s) of

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Do hereby consent to use by the Autism Society of McLean County of the first name to do taking, showing and publishing of still, videotaped, digitized and/or other means of picture transmission of this youth during the activities sponsored by the Autism Society of McLean County.

This information may be used in publications, agency newsletters, brochures, newspaper features and magazine articles for program development, staff education and special events held throughout the year on or off campus. The information used may be used for more than one occasion throughout the year. Any and all of these are to be used for educational purposes or such publicity as will be to the benefit of The Autism Society of McLean County and/or your child.

This consent is valid until amended or revoked, in writing by the parent(s) or guardian(s).

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

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