Photograph Release Authorization Form Template

Please read each of the following and Initial next to each statement indicating permissions granted and sign and date this consent form. You may revoke your permission at any time by contacting Aspire's Marketing Department at (719) 465-3695 or at MarketingDept@abcolorado.com. Your consent will be valid until _____ or for one year from date this form is signed, whichever comes first.

Permission and Consent to for Aspire Behavioral Care to Obtain and Use Photographs, Videos or Written Descriptive Information

I/We hereby **give permission and consent** to Aspire Behavioral Care to obtain only the following information during the time my child is enrolled in services (please initial to indicate consent):

_____ photographs of my child and/or myself.
_____ videos of my child and/or myself or my family
_____ written descriptive information of my child and/or myself or my family
_____ other information of my child and/or myself or my family

I/We hereby give permission and consent to Aspire Behavioral Care to use the above information only for the following purposes (please initial to indicate consent):

_____ for use in use educational materials for my child's ABA program.
_____ for use in use educational materials outside of my child's ABA program.
_____ for use in use in Aspire Behavioral Care's staff recruitment materials.
_____ for use in Aspire Behavioral Care's marketing and promotional materials including websites, publications, brochures, recorded and broadcast content, or other online forums and/or hard copy material, or for other related promotional endeavors that may include sharing or representing patient stories.
_____ for use in use in Aspire Behavioral Care's professional presentations for conferences, workshops, trainings, and other professional outlets.

Client's Name: Date of Birth: / /

Parent/Guardian #1: _____
(Print Name)

Parent/Guardian #1: _____ Date: _____ / _____ / _____
(Signature)

Parent/Guardian #2: _____
(Print Name)

Parent/Guardian #2: _____ Date: _____ / _____ / _____
(Signature)

Expiration Date: _____ / _____ / _____