



PHOTO/VIDEO/MEDIA
CONSENT FORM

- (1) I consent for *INSYNC with Autism* to take photographs and/or videotapes of me and/or my child. I understand that the photographs and/or videotapes may be used by *INSYNC with Autism* for training of staff, volunteers, and future committee members.
- (2) I also understand that the videotapes and/or photographs may be used in training others (e.g., community professionals, national conferences) to educate, treat, and/or better understand individuals with autism spectrum disorders.
- (3) I further understand that the videotapes and/or photographs may be used in the promotion and/or marketing of *INSYNC with Autism* and its related services in various media sources, including *INSYNC with Autism's* publications and/or website, print media (e.g., magazines, newspapers), and television and/or radio programming.
- (4) I understand that my consent is voluntary and that I am free to withdraw this consent at any time without penalty to myself and/or my child. I understand that withdrawing my consent will not affect my own and/or my child's participation in or access to other services provided by *INSYNC with Autism*.

I authorize *INSYNC with Autism* to create the following:

- Photographs only Videotapes only Both Photographs & Videotapes

I authorize *INSYNC with Autism* to use the above specified media for the following training purposes:

- Staff Training Local/Community Training National/International Training ALL NONE

I authorize *INSYNC with Autism* to use the above specified media for the following promotional purposes:

- UM CARD publications Print Media Television/Radio ALL NONE

Please complete the following section indicating your consent to the above conditions of participation.

I, _____, hereby give consent for *INSYNC with Autism* to videotape and/or photograph me for the purposes outlined above.

I, _____, as a parent/guardian of _____, hereby give consent for *INSYNC with Autism* to videotape and/or photograph him/her for the purposes outlined above.

Signature: _____

Date: _____

INSYNC with Autism witness: _____

Date: _____