

Permission to Photograph

Participant:	DOB:
<p>Thank you for your interest in the social skills program. We are always striving to provide the best in innovative and meaningful programs designed for children with autism spectrum disorders, and to provide the highest quality support and education for parents and professionals. In this spirit, we are pleased to be able to be a training site for students and professionals throughout our community.</p> <p>To ensure a productive and enjoyable experience for both students and educators, we are adopting an OPEN PICTURES POLICY. Children attending groups may have their pictures taken. In addition to using photos and videos for training purposes, please be advised that photos may be used for program development and marketing purposes, including but not limited to newspaper articles, television promotion, brochures, social media (Facebook, Youtube, etc.) and other and our funders marketing vehicles.</p> <p>Thank you for your cooperation with this policy and willingness to share your child's experiences.</p>	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	