



MEDIA CONSENT

Appendix C

609 - 25th Street East
Saskatoon, SK S7K 0L7
Phone: (306) 665 – 7013
Fax (306) 665 – 7011
Email: admin@autismservices.ca

PARTICIPANT Name: _____ (Last, First)
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MEDIA CONSENT

Autism Services, is seeking your consent to take, retain, and use photographs and videos clips of your child during their participation in our programs. Autism Services will not use or publish your child’s name or other identifying information with the photographs and video clips. The photographs or video clips are very important to us as we use them in a variety of publications to inform others about Autism Services and the services we provide. The following are samples of how personal information may be used and do not constitute an all-inclusive list.

- Autism Services’ newsletters, brochures, and/or website
- Outside granting and sponsoring agencies/sources for use in their newsletters, brochures, newspapers, magazine, reports, and/or website
- Videos, CDs, DVDs, photographs, for fundraising, educational and/or training purposes

Please check one of the boxes:

- I DO** give my consent for my child’s photograph or video clip which will not be accompanied by their name or other identifying information to be used by Autism Services for the media purposes listed above. I understand that this consent will remain in effect unless revoked in a written document signed by a Parent/Guardian and received by the Program Coordinator at Autism Services.
- I DO NOT** give my consent for my child’s photograph or video clip which will not be accompanied by their name or other identifying information to be used by Autism Services for the media purposes listed above.

Name of Parent/Guardian

Signature of Parent/Guardian

Date (dd/mm/yyyy)

NOTE: All consents are valid unless revoked in a written document signed by Parent or Guardian and received in Autism Services’ offices. Email revocations will not be accepted.