PARENT PHOTOGRAPHY RELEASE

Please INITIAL the appropriate boxes:

	I agree to allow AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC to give photographs of my child to others parents and families whose children are also in my child's group hosted by AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC.
	I agree to allow AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC to use any and all photographs of my child at activities associated with AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC on our website (www.aascg.com) under current events. I fully understand that my child's name and personal information will not be associated in any way with the photograph. I will always be notified if the picture is on the website, and can have it removed from the website at any time by written request (including e-mail) to AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC.
	I agree to allow AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC to use any and all photographs of my child taken to be used for educational purposes, including brochures, conferences, workshops, seminars, school in-services, and other educational services used to enhance awareness and understanding of Asperger syndrome and related disabilities. I fully understand that my child's name and personal record information will not be associated in any way with the photograph.
	I wish to be contacted for specific permission if my child's photograph is being considered for any use with AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC.

Please circle:

I DO/ DO NOT want any photographs of my child to be used for any purpose.

READ CAREFULLY BEFORE SIGNING

Date: _____ Participant Name (Please Print): _____

_____

Parent/Legal Guardian Signature

_____

Participant Signature (If participant is 19 years of age or older)