

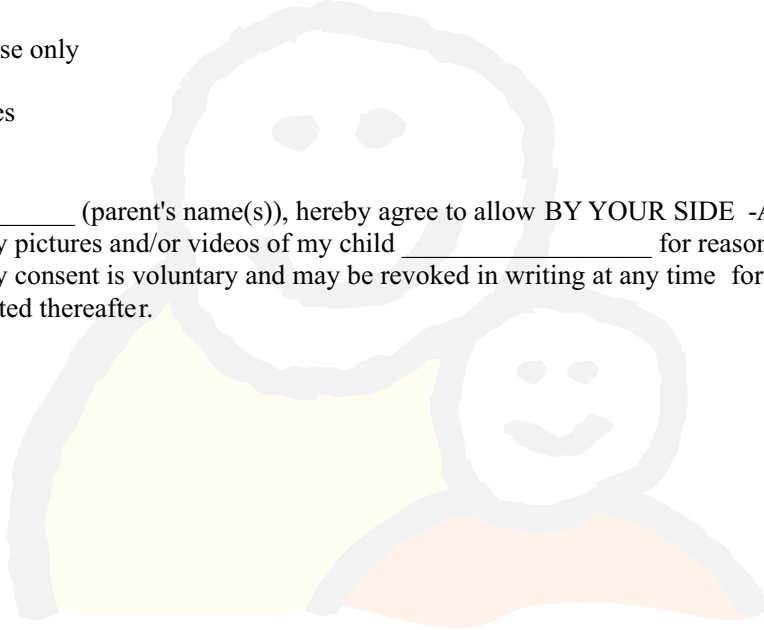


CONSENT FOR RELEASE OF PICTURES/VIDEOS

BY YOUR SIDE - Autism Therapy Services may use pictures and /or videos to promote our services and to educate parents, medical professionals, schools, etc. Examples of this include: BY YOUR SIDE - Autism Therapy Services website & social media, BY YOUR SIDE - Autism Therapy Services collateral, displays or support graphics for any fundraisers and conferences BY YOUR SIDE - Autism Therapy Services may attend and / or host.

- Public use (website, pamphlets, facebook)
- Therapy use only
- No pictures

I _____ (parent's name(s)), hereby agree to allow BY YOUR SIDE -Autism Therapy Services to display pictures and/or videos of my child _____ for reasons listed above. I understand that my consent is voluntary and may be revoked in writing at any time for use of any pictures and/or videos created thereafter.



Signature of Parent/Guardian

Date