



Santiago & Friends | Family Center for Autism

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Santiago & Friends | Family Center for Autism Photo Release Form

Date: _____

I _____, parent or guardian of _____:

Agree

To the following photo release:

I give permission for a representative of Santiago & Friends | Family Center for Autism to take/record digital images and/or voice, print and electronically share digital, video or photographic images of my child for purposes deemed:

- Therapeutic in nature
- To share therapy events with the caregiver
- To use in social stories, media (television, newspaper, social media, radio) or identifiers
- Center Marketing brochures
- Center Video transmissions

I understand that my child's image may be posted within the therapy center and may be visible to other parents and caregivers.

I further understand that no special compensation will be provided to me or my child for use of his/her image and that I may not be informed in advance of the specific use of his/her image.

Parent or Guardian Name (Print)

Parent or Guardian Signature