



5960 Fairview Road, Suite 300
Charlotte, NC 28210
Tel: 704-441-8715
www.autism-180.com
info@autism-180.com

Release for Photographs, Audio, and Video Imagery

I give authorization to Autism180 to obtain and utilize images or audio of Client as identified below. I understand these images may be taken by an agency owned camera, a disposable camera, or a staff or contract professional's personal device. Further, I understand that some electronic devices may include a direct connection to the internet. As such, images may be subject to accidental or intentional forwarding to the public domain. This release will expire one year from the date of my signature or upon written notice to Autism180.

Agree

Disagree (Skip to Signature part)

- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain support and services from Autism180.
- I understand that I may withdraw my authorization at any time by providing written notice to Autism180. I understand also that such withdrawal of my authorization may not be effective to prevent disclosure of information previously authorized or to stop previous action that has been taken in reliance on this authorization.
- My signature means that I have read this form and/or have had it read to me and explained in language I can understand. I know what information will be disclosed and give my voluntary consent to its release.
- My signature means that, if I am not signing for myself, I have the legal authorization to sign for the identified individual.
- My signature confirms that I am the legal representative/guardian for the identified individual.



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Client/Child Name:

Parent/Guardian #1 Name

Parent/Guardian #1 Signature:

Parent/Guardian #2 Name

Parent/Guardian #2 Signature: