



Southlake Autism and Behavior Services, PA

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Release Form for Use of Photos and Video Recording Images

_____ (Please initial to opt in) I hereby give my permission for the therapists of Southlake Autism and Behavior Services to use photos and video recordings of my child, _____ for ABA observations and staff training under the direction of my child's lead BCBA. I understand that all photos and videos are for use only by Southlake Autism and Behavior Services and will not be published or shared with outside entities.

I understand that I may withdraw permission for use of photos and video footage of my child at any time.

_____ (Please initial to opt out) I do not give permission for my child to be photographed or videotaped for ABA therapy purposes by Southlake Autism and Behavior Services.

Printed Name of Child: _____

Printed Name of Parent: _____

Parent Signature: _____

Date: _____