

ADULT PHOTOGRAPHY RELEASE

Please INITIAL the appropriate boxes:

	I agree to allow AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC to give photographs including me to others parents and families whose adults are also in my 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 including me during activities associated with AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC on our website (www.aascg.com) under current events. I fully understand that my 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 including me 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 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 photograph is being considered for any use with AUTISM ASPERGER SYNDROME CONSULTING GROUP, LLC.

Please circle:

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

READ CAREFULLY BEFORE SIGNING

Date: _____ Participant Name (Please Print): _____

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