

**VIDEO CONSENT AGREEMENT III: MEDIA DEVELOPMENT
BIG SKY AUTISM PROJECT**

I, _____, hereby give permission for Big Sky Autism Project to
Name of Responsible Party

use video and photo documentation in all of my fitness sessions. I understand that the documentation will be used for media purposes by Big Sky Autism Project including but not limited to use at training seminars, social media/promotion, educational development, marketing purposes, and Big Sky Autism Project website content. I understand that I can request the original electronic copy of the media files collected at my sessions. The purpose of video and photo documentation under this agreement is to develop educational and media resources to demonstrate and facilitate successful fitness programs for parents, caregivers, and family members and friends of individuals with ASD and/or other special needs.

With my signature below, electronic or handwritten, I grant the permissions described in this *Video Consent Agreement III: Media Development* document to Big Sky Autism Project.

Print Name of Responsible Party

Signature of Responsible Party

Date