

VIDEO CONSENT AGREEMENT II: 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 fitness sessions with _____
Name of Athlete

my _____. I understand that the documentation will be used for media purposes by
Relationship to Athlete

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 related to my Athlete. 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 individuals with ASD and other development disabilities.

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

Print Name of Responsible Party

Signature of Responsible Party

Date