**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