

#  SAMPLE: VIDEO RELEASE LETTER AND FORM

Dear PLAY Project Family,

Thank you for participating in PLAY Project at YOUR ORGANIZATION. As part of our program, we review the videos that we obtain during your visit; the primary use of these videos is to give you feedback so that you can more effectively play and engage with your child. The use of video is a research-based best practice of the PLAY Project intervention.

This form requests your permission to use information and images obtained during your PLAY Project services for two purpose categories: communication and training. Your participation is entirely voluntary. Your agreement, or choice to grant permission, or not grant permission, will not prejudice your care in any way.

Your PLAY Consultant usually is the only person to review your video and prepare the feedback. There are times, however, when your PLAY Consultant may seek guidance from highly experienced PLAY Project Supervisors and the PLAY Project training team, which may include Dr. Richard Solomon, who created The PLAY Project. This requires the sharing of video footage and written reports. By sharing this information, you and your child will receive additional expert guidance while your PLAY Consultant strengthens their skills at coaching caregivers to learn and practice The PLAY Project techniques and methods. Therefore, we ask that you strongly consider granting permission for these two purposes that can help further improve your PLAY service delivery:

* Submitting videos to PLAY Project Supervisors for expert feedback and to deepen consultant’s

Training

* Sharing videos to aid in training PLAY Project Consultants and/or parents to better understand The PLAY Project model

Your PLAY Project Consultant learned how to deliver The PLAY Project Autism Intervention thanks to families who were willing to share their video clips for educational and training purposes. We are presenting this release form to ask you if you are willing to share your video clips to aid in training PLAY Consultants and/or parents to better understand The PLAY Project model.

We look forward to serving you and your child and to assist your child in moving up developmental levels and gaining language and life skills. Our goal is for you to be your child’s best PLAY partner!

Sincerely,



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Personal Release Form

I consent to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to use video segments and written documentation of my child, myself and/or my family members obtained during The PLAY Project Visits for the following purposes (**please initial** each use where you grant permission, or initial the last item if approval is not granted):

 submitting videos to PLAY Project Supervisors for expert feedback, and to deepen consultant’s

training

 training for professionals and caregivers

 community workshops attended by parents and professionals; aimed at introducing the community to autism and The PLAY Project Autism Intervention

 sharing video/images on our website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 sharing video/images on our social media channels, including but not limited to The PLAY Project Facebook page, The PLAY Project YouTube channel, The PLAY Project Instagram and The PLAY Project blog.

 **All the above** uses are approved.

 **None of the above** uses are approved.

*I do not expect to be paid for the use of videotaped segments. I understand that the people shown in the videotape will not be disguised and will be identifiable.*

 is the owner of the footage produced in connection with the training productions and, by signing, I agree to hold and The PLAY Project harmless from any and all claims, costs, residuals, royalties, damages, obligations and/or liabilities of any kind or nature whatsoever arising out of, or in connection with, the permission or rights granted by me herein.

CONSENT

I acknowledge that I have read the above release prior to executing it and I am familiar with its contents. I voluntarily agree to and give permission to for use of video footage and written documentation of my child and family for the above identified purposes.

Child’s Name Date

Signature of Parent or Guardian Printed Name of Parent or Guardian