



**EASTER SEALS CENTRAL TEXAS
PARENT SUPPORT AND TRAINING PROGRAM
& ABA Today**

Publicity Consent Form

Name of Parent (s): _____ Date (s) of Birth: _____

Names of Children: _____ Date of Birth: _____

Consent to Publicity-(Optional)

I, _____ give consent to Easter Seals Central Texas Parent Support and Training Program and ABA Today to use image(s) of my child(ren) captured by photographic or electronic means in the public relations work of Easter Seal Central Texas Parent Support and Training Program and ABA Today.

In addition, I give my consent to Easter Seals Central Texas Parent Support and Training Program and ABA Today to use my first and last name in their publicity materials for the purposes of marketing and outreach.

I hereby release Easter Seals Central Texas Parent Support and Training Program and ABA Today and their directors, officers, employees and volunteers from any claims or obligations resulting from the use of any likeness of myself.

 Signature of Parent (s)/ Guardian _____
 Date

 Witness _____
 Date

This consent can be cancelled at any time, in writing to ESCT- Parenting Support and Training Program or ABA Today but the cancellation will not affect any disclosures already made prior to receipt of cancellation notice.

This consent will expire five (5) years after signature.