



# SPECTRUM Services

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## Photo / Digital Images Release

Client Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Name of Person Completing Form (if different from applicant): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Please read each statement and check "yes" or "no" to grant permission for each level of release.**

<input type="radio"/> YES	<input type="radio"/> NO	I give permission for photographic and/or digital images of the client named above to be taken by Spectrum staff (and/or an agent thereof) while participating in Spectrum skills training or other Spectrum activities. These photos / images may be shared with students in the class as part of the social experience (i.e. prints of group photos taken and shared with group members).
<input type="radio"/> YES	<input type="radio"/> NO	I give permission for photographic and/or digital images taken as part of Spectrum training and activities to be shown to the client named above as part of the skills training process. These photos may be used in group sessions as part of training and skills practice for the individual and group.
<input type="radio"/> YES	<input type="radio"/> NO	I give permission for the photographic and/or digital images taken of the client named above to be used for educational training purposes inside and outside of Spectrum. I understand that these images may be used in training Spectrum staff as well as other educators and skills trainers in professional training workshops. I understand that these images will not be published or released to any other sources without specific, additional permissions granted.
<input type="radio"/> YES	<input type="radio"/> NO	I give permission for the photographic and/or digital images taken of the client named above to be used for promotional purposes for Spectrum. Promotional uses include, but are not limited to printed brochures, email and website design and other marketing products. I understand that at no time will client names or identification be associated with the photos without additional permissions granted.
<input type="radio"/> YES	<input type="radio"/> NO	I give permission for the photographic and/or digital images taken of the client named above to be used on social media to share activities and/or promote groups or events as part of Social Media campaigns including (but not limited to) Facebook, Twitter, and Instagram.  <input type="radio"/> I DO <input type="radio"/> I DO NOT wish for the client to be "tagged", named or identified on the social media venue.
<input type="radio"/> YES	<input type="radio"/> NO	I give permission for the photographic and/or digital images taken of the client named above to be used on an individual therapist's Facebook page when tagging the client as part of a shared social experience surrounding activities and events with Spectrum.

\_\_\_\_\_  
Signature of Adult Client / Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Adult Client / Parent / Legal Guardian