



## **Photo Consent**

*Please indicate your consent by signing the statement below.*

### **Photograph Release Consent**

1. I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give SOAR Special Needs permission to use my child's name and/or picture in presentations, media releases, newsletters and marketing materials solely for the purpose of promoting SOAR Special Needs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your cooperation. If you have any questions, please contact SOAR Special Needs at 816-782-SOAR (7627) or [info@soarspecialneeds.org](mailto:info@soarspecialneeds.org).*