



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 Stephen J. Hunsley, M.D., SOAR Executive Director/Founder, 816-506-1305. info@soarspecialneeds.org.