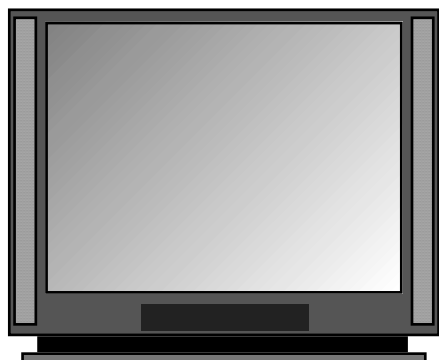


New England Consortium of Deafblind Projects



Permission to Videotape and Photograph

I give my permission for me and my family to be videotaped and photographed. **During/for the**

_____ **Training**

Dates of: _____.

It is my understanding that the videotape footage and photographs will be used to document this activity and/or future use in trainings of Parents, Teachers, and Service Providers.

Signed: _____

Name: _____

Address: _____

Date: _____