Horizons
Developmental Resource Center

3120 68th Street SE
Caledonia, Michigan 49316
Phone (616) 698-0306
Fax (616) 554-9509

Liability Release

Beurkens Autism Consulting, Horizons Developmental Resource Center, and the staff that work at the center will not be held responsible for any accidental happenings or personal injury incurred while attending center programs. Although our staff members are actively involved with clients and are dedicated to helping them learn and succeed, this program does not guarantee an increase in skills or abilities. Our intent is to provide a safe educational environment for the clients and families that come here to learn.

I have read this liability release form and give permission for my child, _____ to participate in programs at the Horizons Developmental Resource Center.

_____ _____ _____

Signature Printed Name Relationship to Child

_____

Date

Photo/Video Release

One of the best ways to help families and professionals understand what we do at Horizons is to show them photos and video clips of individuals and families involved in the program. To this end, it is critical that we are able to use video segments of the clients and families we work with. We will never include last names or any other specific identifying information, and parents will always have the option of viewing video segments we select prior to their use. We appreciate the willingness of the families we serve to help spread information about our programs and the hope it can provide other families and professionals.

I grant Horizons Developmental Resource Center, including all employees and designees, permission to use photo / video likenesses of my child, _____, for the purpose of training staff members, families, and professionals and for promoting Horizons programs.

_____ _____ _____

Signature Printed Name Relationship to Child

_____

Date

I **do not** grant permission for the Horizons Developmental Resource Center to use photo / video likenesses of my child, _____, for the purpose of training staff members, families, and professionals or for promoting Horizons programs.

_____ _____ _____

Signature Printed Name Relationship to Child

_____

Date