

**Liability Release**

Beurkens Autism Consulting, Horizons Developmental Remediation 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 Remediation Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Photo/Video Release**

One of the best ways to help families and professionals understand the Relationship Development Intervention® Program and its implementation is to show them 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 the RDI® Program and the hope it can provide other families with professionals.

I grant Horizons Developmental Remediation 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 the RDI® Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

I **do not** grant permission for the Horizons Developmental Remediation Center to use photo / video likenesses of my child, \_\_\_\_\_, for the purpose of training staff members, families, and professionals or for promoting the RDI® Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date