



**MUTUAL CONSENT TO RECORD AND RELEASE TO I-ASC FACULTY**  
between

\_\_\_\_\_ (the "**Practitioner-Trainee**")

and

\_\_\_\_\_ (name of parents/family)  
(the "**Client**")

as parent(s) or legal guardian of \_\_\_\_\_  
(the "**Speller**")

The undersigned hereby agree as follows:

1. The Client understands that the Practitioner-Trainee is presently enrolled in an S2C Practitioner Professional Training Cohort (the "**Course**") developed by the International Association of Spelling as Communication ("**I-ASC**").
2. In order to complete the clinical competency requirements of the Course, the S2C Practitioner-Trainee's clinical S2C sessions with the Speller will be video recorded and stored in digital file format (the "**Recordings**") for the purposes of clinical review and planning, decision making and data collection by the S2C Practitioner-Trainee, and the Recordings will be shared with I-ASC's Course faculty members for further review to allow for grading and feedback by a Course mentor of the Practitioner-Trainee's performance.
3. The Client permits the Practitioner-Trainee to record and release the Recordings as described in the preceding paragraph. The Client DOES NOT give permission for the Speller's name, image, work and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio or used for any studies or experiments or any other purpose other than as described above, without additional permission.

SIGNED as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PRACTITIONER-TRAINEE: X \_\_\_\_\_  
Print name:

CLIENT(s): X \_\_\_\_\_  
Print name:

X \_\_\_\_\_  
Print name: