



### **CONSENT TO VIDEOTAPE**

I understand that these group sessions will be videotaped for the purposes of staff development and training. I also understand that I have the right to request that I am not videotaped and that there will be no consequences for me. I also understand that these videotapes may be used for future training purposes, and that I have the right to refuse that my tapes be used for future training and that only professional staff or trainees will have access to these videotapes. Understanding this, I give my permission to have The Incredible Years group sessions videotaped.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date