

Photo/Video Release Form

(For use of photographic, video AND testimonial materials.)

I hereby grant permission to use my and/or my child's photographic likeness, video recordings, written or spoken testimonials, and any related media for lawful purposes including, but not limited to, advertising, social media, educational, clinical, professional, and website use. I understand that these materials may be used in print, digital, and other formats without compensation.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Patient/Child's Name: _____

Date: _____

I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____