**Photo/Video Release**

Partners in Pediatric Therapy occasionally takes photos or short videos for treatment and assessment purposes.

Partners in Pediatric Therapyalso has a web site that is used for promotion and education.

Below is permission or a decline for Partners in Pediatric Therapy to use these photos/videos for educational purposes and legal promotion of the clinic.

**Check Only One Box Below and Fill out Only One Section Below**

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*Permission to Use Photograph*

I grant Partners in Pediatric Therapy, its representatives and employees the right to take photographs/video of my child. I agree that Partners in Pediatric Therapy may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as education, publicity, illustration, advertising, and web content.

* I have read and understand the above and give permission for the above use:

Signature of Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Check here if you DO NOT want your child's picture or video taken and used for Publicity but grant permission to use photos or videos for treatment or assessment purposes.

Signature of Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Check here if you DO NOT want your child's picture or video for any purpose.

Signature of Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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