

Release for Photography/Videotaping

I hereby authorize TherapyWorks, Inc. to make photographs, videotapes, movies or video recordings or utilize quotations of _____.

This permission includes the following:

- Internal use:
 - Documentation of progress, parent training, internal education.
- External use:
 - Research, education, publication, company literature, advertising, website production or social media.
 - Background scenes during taping or photography of other patients.

I further consent that such tapes, films, photographs or biographical information may be used by TherapyWorks, Inc. completely free of compensation.

Signed: _____
Parent or Guardian

Date: _____

Print Name: _____