



## Photo Release

for children under 18 years of age

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I hereby grant to Peak Potential Therapy LLC, the right to interview, photograph, and/or video record my dependent and use the photo and/or other digital reproduction of him/her in any and all of its publications and in any and all other media, whether now known or hereafter existing. I understand and agree that these materials will become the property of Peak Potential Therapy and will not be returned. Additionally, I waive any right to any compensation arising or related to the use of the photograph.

Agree       Decline

Child's Printed Name:

\_\_\_\_\_

I certify that I am a custodial parent and have the aforementioned rights to assign.

Printed Name of Parent or Guardian:

\_\_\_\_\_

Signature of Parent or Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

