



PHOTO RELEASE

ADULT 18+ YEARS OF AGE

IMPORTANT: Please read all sections. If you have any questions, please ask before signing.

I hereby grant Peak Potential Therapy LLC and affiliates the right to obtain, store, publish and/or use, without payment, any photographs, slides, sound and/or video recordings made of me for public relations, marketing, advertising and/or internal training purposes, whether now known or hereafter existing. I understand and agree that these materials will become the property of Peak Potential Therapy LLC and will not be returned. Additionally, I waive any right to any compensation arising or related to the use of the aforementioned media.

Agree

Decline

Parent/Guardian/Caregiver Signature

Parent/Guardian/Caregiver Printed Name

____/____/____
Date