



PHOTO RELEASE

MINOR UNDER 18 YEARS OF AGE

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

I (parent/guardian/caregiver) hereby authorize Peak Potential Therapy LLC and affiliates, to obtain, store, publish and/or use, without payment, any photographs, slides, sound and/or video recordings made of my child 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 and will not be returned. Additionally, I waive any right to any compensation arising or related to the use of the aforementioned.

Agree

Decline

Client (child) Name: _____

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

Parent/Guardian/Caregiver Signature

Client's Full Name

Parent/Guardian/Caregiver Printed Name

___/___/___
Date