Wiregrass Therapy Associates, LLC

121 Hidden Glen Way 526 Boll Weevil Circle

Dothan, AL 36303 Enterprise, AL 36330

334-446-1425 334-417-0235

Consent and Release of Photographs / Videos

☐ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client or parent/guardian name) give consent to Wiregrass Therapy Associates, LLC or any party authorized by Wiregrass Therapy Associates, LLC to photograph and/or video record \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name) in connection with his/her therapy sessions, for any purpose subject to the therapist’s discretion including but not limited to educational publication, for teaching purposes, and demonstration of progression of his/her skills.

☐ I authorize Wiregrass Therapy Associates, LLC to use pictures of \_\_\_\_\_\_\_\_\_\_\_\_ (client name) for promotional purposes (ex. brochures, website, facebook etc.)

☐ I acknowledge that I will receive no financial compensation for providing consent since my participation Wiregrass Therapy Associates, LLC in providing my consent and release is voluntary.

☐ I acknowledge that the premises is under 24 hour video surveillance for the safety of all Wiregrass Therapy Associates, LLC staff and clients.

☐ I hereby release Wiregrass Therapy Associates, LLC their contractors, their employees and/or any third parties involved in the creation or publication of Wiregrass Therapy Associates, LLC. Publication from any and all liability that may arise in connection with the expressed and implied use of all photographs and videos outlined in this form.

☐ I reserve the right to revoke this agreement at any time. I understand that my right to revoke must be done in writing.

I am the client, parent or legal guardian of the person named below and have the legal authority to execute this consent and release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client or Legal Representative Relationship to Client