

Kidz First Therapy
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Consent and Release of Photographs / Videos

I, _____ (client or parent/guardian name) give consent to [Private practitioners name or private practice name] or any party authorized by [Private practitioners name or private practice name] 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 [Private practitioners name or private practice name] to use pictures of _____ (client name) for promotional purposes (ex. brochures, website, etc.)

I acknowledge that I will receive no financial compensation for providing consent since my participation with [Private practitioners name or private practice name] in providing my consent and release is voluntary.

I hereby release [Private practitioners name or private practice name], their contractors, their employees and/or any third parties involved in the creation or publication of [Private practitioners name or private practice name]. 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