

## CHILD PHOTO CONSENT AND RELEASE FORM

I hereby grant Therapy Station, Inc., their legal representatives or assigns, and those acting under their permission and upon their authority, permission to take and use my child \_\_\_\_\_ photograph and, if desired, to use name in whatever way they desire, including internet, brochure, television, CD-ROMs, advertisements, publications, and any other form for the storage, retrieval and reproduction of information, images and sounds; Furthermore, I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

The undersigned releases and forever discharges Therapy Station Inc., its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs, video, images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

**IN WITNESS WHEREOF** I have hereunto set my hand, in the State of \_\_\_\_\_, this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number:(\_\_\_\_)\_\_\_\_\_

Therapy Station Representative Name: \_\_\_\_\_

Therapy Station Representative Signature: \_\_\_\_\_