3331 Henry Road Anniston, AL 36207
(Phone) 256.624.6377 (Fax) 256.624.6376

PHOTO/VIDEO RELEASE FORM

Please select ALL that apply:

____ I hereby give permission for images of my child, captured during therapy sessions, through video, photo and digital camera, to be used **solely for the purposes of educating the professionals working with my child at Grow Pediatric Therapy**. I waive any rights of compensation or ownership thereto.

____ I hereby give permission for images of my child, captured during therapy sessions, through video, photo and digital camera, to be used **solely for the purposes of Grow Pediatric Therapy promotional material, publications, and social media marketing**. I waive any rights of compensation or ownership thereto.

____ I **do not wish** for my child's photo or video to be captured for ANY reason while at Grow Pediatric Therapy.

Child's Name: _____ Guardian's Name:_____

Guardian's Signature: _____ Date: _____