



Consent for Release of Audio, Photograph, Video

I, (print full name), certify that I am the parent or legal guardian of the minor child listed below and hereby give my consent to SeaGlass Speech Therapy, PLLC to take or use photographs, digital images, and video/audio recordings (as indicated below) of my child for use in news releases and/or educational materials as follows: printed brochures, electronic publications, social media websites, or the company website (www.seaglassspeechtherapy.com)

I authorize SeaGlass Speech Therapy, PLLC to take/record the following of my child:

- Still Photographs
- Digital Audio Recordings
- Digital Video and Audio Recordings

I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of SeaGlass Speech Therapy, PLLC.

I hereby waive, release and forever discharge SeaGlass Speech Therapy, PLLC from any and all claims or liability arising from the use of my child's photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific written rescission of this authorization.

I certify that this consent is sought in my native language.

Child's Name:

Date of Birth:

Sign: _____ Date: _____