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I, _____, parent/ legal guardian of _____, a current patient with Therapy Corps, PLLC, (herein referred to as Publisher) hereby authorize the Publisher to take and use at their discretion as long as it relates to marketing, education and/or other means to:

1. Photograph(s) of the patient for identifications purposes. YES NO
2. Photograph(s) of the patient to provide supporting information of a medical condition(s). YES NO
3. Photograph(s) of the patient for the purpose of professional education. YES NO
4. Photograph(s) of the patient for the purpose of marketing and training for Therapy Corps, PLLC and other conferences and conventions. YES NO (Specify) _____
5. Send text messages to parent/legal guardian with information about the patient and treatment. YES NO
6. Send email messages to parent/legal guardian containing information about the patient and treatment. YES NO

IT IS FURTHER AGREED THAT THE PUBLISHER, THERAPY CORPS, PLLC, SHALL NOT BE REQUIRED TO PAY THE PATIENT OR CAREGIVER(S) ANY ROYALTIES OR OTHER COMPENSATION FOR THE USE AND DISTRIBUTION OF ANY OR ALL IMAGES.

Parent/Legal Guardian

Parent/Legal Guardian Printed Name

Patient Name

Patient's Date of Birth

Relationship to Patient

Signed on Date