Kidz First Therapy

3680 NE Akin Dr., Suite 134

Lees Summit, MO 64064

Phone: 816-446-9018

Fax: 816-554-1379

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.

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Print Name of Client Date

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Signature of Client or Legal Representative Relationship to Client

Release of Photographs / Videos