



PHOTOGRAPHIC RELEASE FORM

I, the undersigned, do hereby grant permission to Expressive Path to photograph either still, motion, or television pictures of the youth named below. I authorize Expressive Path, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Expressive Path may use such photographs with or without name and for any lawful purpose.

These photographs may be used in all or one of the following manners:

- Advertising
- Brochure/Literature
- Newsletter
- Promotional Video
- Social Media
- Website

Name of youth photographed/filmed (please print)

Date

Parent/Guardian Signature (If under age 18)

Date

Please return to:

Pamela Martin, LPC
Expressive Path
75 Jefferson Avenue
Jeffersonville, PA 19403