

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to TheraPlay Spot and/or its agents to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on TheraPlay Spot's website or Facebook page.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark any that apply):
 - Limited usage in therapy:** I allow my child's image to be used within the therapy setting only (not in the larger community). Primary example is video modeling so the child can watch themselves performing a skill.
 - Limited usage for education:** I allow my child's image to be used for educational materials only (not marketing). This could be either within TheraPlay Spot or in the larger community. Examples of this could be photos or videos in parent education presentations, or in a slide show to therapy students.
 - Limited usage on printed media:** I allow my child's image to be used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by TheraPlay Spot for a variety of purposes and that these images may be used without further notifying me. I understand that the child's name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records if you wish and return the original to the TheraPlay Spot office.