



PHOTOGRAPHY CONSENT / RELEASE

I, _____, hereby grant permission to McDonough Physical Therapy representatives, to take and use: photographs, videos, and / or digital images of me for use in news releases and / or educational materials. These materials might include printed or electronic publications, websites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of McDonough Physical Therapy.

Patient Signature

Date

I, _____, parent or official guardian of (child's name) _____ hereby grant permission to McDonough Physical Therapy representatives, to take and use: photographs, videos, and / or digital images of my child for use in news releases and / or educational materials. These materials might include printed or electronic publications, websites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of McDonough Physical Therapy.

Parent or Guardian Signature

Date