

**Blossom & Bloom Music Therapy Services, LLC** 

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## **RELEASE WAIVER FOR PHOTOGRAPHY**

I, the undersigned, have a child that participates in programs offered by **Blossom & Bloom Music Therapy Services, LLC** ("Programs").

I hereby consent to the unrestricted use in any form of any photographs, film, videotapes, other visual or auditory recordings, in any medium, including the Internet, of me and/or my child that **Blossom & Bloom Music Therapy Services, LLC** creates in connection with my child's participation in the Programs. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product. In granting this permission to **Blossom & Bloom Music Therapy Services, LLC** and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I hereby warrant that I am not restricted from entering into this Release and that I am the parent or legal guardian of the child identified below.

I state further that I have read the above release contained in this Release, prior to its execution, and that I am fully familiar with the contents thereof.

\_\_\_\_\_ I hereby consent to the release of photography or video including my child.

\_\_\_\_\_ I hereby do not consent to the release of photography or video including my child.

Signature of Parent/Legal Guardian

Print Name

Date