



Client
**Release for Photographs, Video and Audio Recording, Media,
Written Description, Narration, & Other Performances**

I hereby consent that all photographs and/or video/audio recordings taken of me/my child, and written descriptions of me/my child may be used, in whole or in part by Southeastern. I understand that such recordings and descriptions may be used for the purposes of education, illustration, public relations including social media, advertising, publications, presentations or research. I also understand that all images obtained during clinical interactions are the sole and complete property of Southeastern. In addition, I understand that my/my child's name will not accompany any such images or text without my expressed, written consent. Services are not contingent on signing this document.

Date: _____

Client Name: _____
(Print)

Parent or Guardian Name (If Minor): _____
(Print)

Client, Parent, or Guardian Signature: _____

Address: _____

M: 2017: Client Photo Release Form 1/23/17 AQA

