



Photography/Video Consent Form/Release

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name),: _____

parent or official guardian of (print child's name): _____

hereby grant TOTAL Physical Therapy and Wellness permission to and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of my child for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of TOTAL Physical Therapy and Wellness.

Printed Name: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Date: _____

Address: _____

City, State, Zip: _____