

Release and consent for photography and videography

Printed name of child: _____

Printed name of parent/guardian: _____

Relationship to child: _____

Please initial each item below to signify your agreement.

_____ I give In Sync & Social the right and permission, with respect to photos and videos taken of my child, in which I may be included, and with respect to statements taken and recorded:

- a) to use, re-use, publish in whole or in part, individually, or in conjunction with other photos, videos, and/or reading material, for purposes including but not limited to illustration, promotion, advertising, and trade
- b) to use my name and my child's in conjunction with such content if desired.

I also release and discharge In Sync & Social and its employees and agents from any and all claims or demands arising out of, or in connection with, the use of the photos, videos, or recorded statements, including claims for libel or slander.

_____ I authorize the use of photos and videos taken of my child to be used for the therapeutic care of my child.

_____ I agree to use any photos or videos of my child taken by myself or any caregiver during therapy sessions solely for the purpose of celebrating the personal accomplishments and milestones of my child. Prior to taking a photo or video, I will ensure that no other child or parent is in the background of the photo or video.

I am the parent or guardian of the child in question, and have read the preceding items. I fully understand the contents of all of the above.

Signature

Date