



PHOTOGRAPHIC / VIDEO CONSENT AND RELEASE FORM

Child's Name

Date of Birth

I, _____, *parent / guardian of the above
Parent / Guardian's Name

named child do hereby consent and agree for TLC Speech and Feeding Clinic to take pictures and/or record videos for educational and promotional purposes (e.g., professional case discussions, teachings, websites/brochures, public seminars).

Furthermore, I do hereby release to TLC Speech and Feeding Clinic all rights to use these images (pictures and/or videos) in any manner it may deem proper and fitting, including possible release for media publications.

Parent / Guardian's Signature

Relationship to Child

Date