



## **PHOTOGRAPH/VIDEO RELEASE**

I, \_\_\_\_\_, as parent or legal guardian of child or ward, hereby grant to Lakeshore Speech Therapy, LLC the right to interview, photograph, and/or video record my dependent and use the photo and/or other digital reproduction of (name) \_\_\_\_\_ in any and all of its publications and in any and all other media, whether not known or hereafter existing. I understand and agree that these materials will become the property of Lakeshore Speech Therapy, LLC and will not be returned. Additionally, I waive any right to any compensation arising or related to the use of the photograph or recording.

\_\_\_\_\_ Accept

\_\_\_\_\_ Decline

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_