



PHOTOGRAPH/VIDEO RELEASE

I, _____, as parent or legal guardian of child or ward or photographic subject, hereby grant to Lakeshore Speech Therapy, LLC the right to interview, photograph, and/or video record me or 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.

Child's Name: _____

Parent's Signature: _____

Date: _____

I am the above named individual. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____