

 Parent/Guardian Student Photo Release Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I hereby **grant** permission for video and/or audiotape recordings, slides, and photographs to be taken during classroom instruction, assessments, therapy sessions, and other school-related activities. I understand this media will be produced and used for educational purposes. I authorize, Therakids, P.C., to use my photograph on its website or in other publications, without further consideration, and I acknowledge Therakids right to crop or treat the media at its discretion. I, also, acknowledge that Therakids may choose not to use my photo at this time, but may choose to do so at its own discretion at a later date.

I, also, understand that once my image is posted on the Therakids website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

\*All Staff of the school district and Therakids, P.C.

Therakids reserves the right to discontinue use of photos without notice.

\_\_\_\_ Therakids, P.C. **does not** have permission for video, and/or audiotape recordings, slides, and photographs to be taken for any reason.

Parent/Guardian Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_