

## Photo Release Consent Form

This consent form will authorize Dysphagia Specialists, PLLC DBA: Therapy Specialists to use and print photographs and any other form of media material for educational, informational and promotional purposes. Images may be used, but is not limited to, Therapy Specialists publications and newsletters, newspaper articles, advertising materials, social media pages, websites, etc.

This Photo Release Consent Form will be kept on file by Therapy Specialists as reference for individual approval.

Client's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name (if client is under 18 years): \_\_\_\_\_

Relationship: \_\_\_\_\_

YES

NO

After reading the explanation above, I authorize Therapy Specialists to take and use any photographs or media in any Therapy Specialists publication, production or presentation, including electronic/internet marketing material for the purpose of promoting Therapy Specialists in a positive manner.

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Parent or Guardian/Individual's Signature

Date



**THERAPY SPECIALISTS**