

PHOTOGRAPHING/VIDEOTAPING RELEASE FORM

Client Name: _____

I **give** permission for Peninsula Associates to photograph/videotape my/my child's speech-language session, including my/my child's image, likeness and voice, without compensation. I understand that the photo(s)/video(s) will be used for education, training, and assessment purposes and will only be viewed by clinicians at Peninsula Associates. This authorization is continuous and may be withdrawn only by my specific written instruction.

I **do not give** permission for Peninsula Associates to photograph/videotape my/my child's speech-language session.

Client/Parent Signature

Date

Print Client/Parent Name

Additional Permissions:	Initials	Date
Print ad marketing	_____	_____
Website marketing	_____	_____
Community-based education	_____	_____
Other: _____	_____	_____