



Photo/Video Release Form

RELEASE FOR ADULT

I, (print name) _____, hereby grant permission to Eastern Therapy Solutions, PLLC and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of me for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Eastern Therapy Solutions, PLLC.

(Printed name)

(Date)

(Signature of adult)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Eastern Therapy Solutions, PLLC and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of **my child** for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Eastern Therapy Solutions, PLLC.

(Printed name)

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)