



CHILDREN'S THERAPY SERVICES

9520 Padgett Street, Suite 104 • San Diego, CA • 92126 • Phone: 858.866.8133 • Fax: 858.999.2002

PERMISSION TO REPRODUCE AUDIO/VIDEO:

Client Name

Date of Birth

_____ I hereby consent to the photographing of the client and recording of voice as well as the use of these recordings singularly or in conjunction with other photographs and/or recordings for therapy purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

_____ I hereby consent to the photographing of the client and recording of voice as well as the use of these recordings singularly or in conjunction with other photographs and/or recordings for advertising, training, publicity, commercial, or other business purposes. I understand that the term "photograph" as used herein encompasses both still and motion picture footage.

Signature of Parent /Guardian/Responsible Party

Date

Printed name