Reaching Milestones through Therapy, Inc.

Standard Photo and Video Release Form

I hereby authorize Reaching Milestones through Therapy, Inc. to publish the photographs and videos taken of me and/or my child (listed below), and our names (if needed), for use in any Reaching Milestones through Therapy, Inc. printed publications, website and training purposes.

I release Reaching Milestones through Therapy, Inc. from any expectation of confidentiality for the undersigned child/children and myself and attest that I am the parent or legal guardian of the child/children listed below and that I have the authority to authorize the Reaching Milestones through Therapy, Inc. to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produce b Reaching Milestones through Therapy, Inc. is voluntary, neither the undersigned children nor I receive financial compensation.

I further agree that participation in any publication and website produced by Reaching Milestones through Therapy, Inc. confers no rights of ownership whatsoever. I release Reaching Milestones through Therapy, Inc., its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participant of the undersigned children.

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

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Ages of Minor Children:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_