



Media Release Form

I, _____, grant permission to Lighting the Way Pediatric Occupational
(Parent/Legal Guardian Name)

Therapy Services, LLC to use my child's image (photographs and/or video) _____
(Child's name)

for use in Media publications including:

- Videos
- Email blasts
- Website and/or Affiliates
- General Publications
- Brochures
- Other _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial if you agree:

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Patient's name: _____ Date of Birth: _____

Print Parent/Legal Guardian Name : _____ Date: _____

Parent/Legal Guardian Signature: _____