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## Photo Release Form

I hereby grant Capital Kids Occupational Therapy, LLC, and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs of me, and my image and likeness as depicted therein, hereto, for editorial, trade, advertising or any other purpose and in any manner and medium; to alter the same with restriction; and to copyright the same.

I hereby release Capital Kids Occupational Therapy, LLC., and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relation to its use of said photographs.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Capital Kids Occupational Therapy, LLC.

Name (Print): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If under 18, signature of parent/ guardian

\_\_\_\_\_

Parent/guardian name (print)

\_\_\_\_\_