



Client Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Therapy Junction to use the image of me , _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Therapy Junction Web site.

Deny permission to use my image at all.

Grant permission to use my image from(*click on drop down menu to select*):
(*Mark your selection below*):

Limited usage: I want my image used within the Therapy Junction setting only (not in the larger community).

Limited usage: I want my image used for educational materials only (not marketing). This could be either within Therapy Junction or in the larger community. One example of this could be videos in parent education classes, or training courses for other therapists & staff.

Limited usage: I want my image used on printed materials only (no digital or video use).

Unrestricted usage: I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by Therapy Junction for a variety of purposes and that these images may be used without further notifying me. I do understand that my first or last name will not be used in conjunction with any video or digital images.

Client Signature _____ Date _____

Please make a copy of this form for your own records.

If you have questions, contact Therapy Junction at 763-383-7666.