



## Consent to Videotape & Photograph Therapy Sessions

I, \_\_\_\_\_, give Kidsense permission for my child, \_\_\_\_\_, to be photographed and/or videotaped at Kidsense. Photographs and videos may be shared with the following (check those that apply):

- Physical, Occupational, Speech Therapists for training, evaluations and treatment purposes
- Presentations in the community regarding Kidsense and therapy
- [www.kidsense.biz](http://www.kidsense.biz) website when accompanied by my written pre-approval for specific videos/pictures
- Other staff and specialists working with my child (ex. teachers, therapists, doctors) for which I have signed an authorization for release

I hereby hold harmless and agree to release and forever discharge Kidsense from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on behalf of myself or on behalf of my estate have by reason of authorization. I have authorization to make the above decisions and represent any family members/guardians involved.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I do not want my child videotaped/recorded