



The Speech and Swallowing Clinic, LLC DBA

# The Therapy Tree

912.331.0846 Phone 912.331.0847 eFax

## SOCIAL/DIGITAL MEDIA RELEASE REQUEST

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorize and give my full consent to The Therapy Tree to copyright and/or publish any and all photographs, videos, and/or film in which I or the above mentioned minor child may appear while attending therapy sessions or in advertisements about The Therapy Tree. I further agree that The Therapy Tree may transfer, use or cause to be used these photographs, videos, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitation or reservations.

Patient/Parent/Guardian: I declare under penalty of perjury that I am the patient listed above and/or the parent/guardian of the minor patient/participant. I have the authority to enter into this agreement on behalf of myself and the minor named above.

**This information may be disclosed and used by the following group and/or facility:**

**The Therapy Tree  
All Locations  
Phone: 912-331-0846 eFax: 912-331-0847**

I understand that authorizing this release is voluntary.

**Printed Name of Parent/Guardian:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_