



Photo Release Form

I, _____ (parent/guardian/caregiver's name), give Solutions: A Combined Center for Therapy and Learning and Advance Speech Therapy Services, Inc. and KidPro Therapies, Inc. permission to use photographs and/or recording of _____ (child's name) in any medium for educational purposes and promotional purposes. Digital Images will be displayed on our company website and social media site(s).

Signature of Parent/Guardian

Date

Parent/Guardian Printed Name

Phone Number:

Email:

Notes:

