



# Photo Release Form

Patient Name:

Parent/Guardian Name:

Address:

Phone:            Email:

I do hereby grant permission to Chicago Pediatric Therapy & Wellness Center, LLC to use my image or my child's image in print or for educational materials. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, printed material such as brochures and newsletters, posters, banners, etc, as well as videos, and digital images such as those used on the Chicago Pediatric Therapy & Wellness Center, LLC company website and social media/networking websites.

Deny permission to use any image.

Grant Permission to use my image or my child's image to be used in print, video, and digital media. I agree that these images may be used by Chicago Pediatric Therapy & Wellness Center, LLC without further notifying me. *I do understand that my last name will not be used in conjunction with any video or digital images.*

I may revoke this consent at anytime by delivery of said revocation in writing to Chicago Pediatric Therapy & Wellness Center, LLC. I understand that if I revoke this consent, the revocation will not apply to marketing and advertising materials and information already disclosed to the public. I further understand that the information prepared for use may be submitted or included in unencrypted email.

I understand and agree that there shall be no fee paid or expected for having consented to the above use.

Parent/Guardian signature:

Date: