



Multimedia Release Form

Client Name: _____

☐ I **give** permission for SPEACHY to photograph/ videotape my child's speech-language session, including my child's image, likeness, and voice, without compensation. I understand that the photo(s)/video(s) will be used for educational, training, and assessment purposes and will only be viewed by clinicians at SPEACHY. This authorization is continuous and may be withdrawn only by my specific written instruction.

☐ I **do not** give permission for SPEACHY to photograph/videotape my child's speech-language session.

Signature

Date

Printed Name

Date

Additional Permissions (initial if permission is given):

	Initial	Date
Print ad marketing	_____	_____
Website marketing	_____	_____
Community -based education	_____	_____

PLEASE SIGN AND RETURN THIS FORM