



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Creative Speech Solutions, LLC to reproduce and use said photographs and recordings of my child's voice.

I hereby release Creative Speech Solutions, LLC, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If the child is under 18, I _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____