



PHOTO/VIDEO CONSENT & RELEASE FORM

I hereby authorize Northern Tides Speech and Language, LLC to:

1. Record my image and/or voice on photographic, video, audio, digital or electronic formats.
2. Use such recordings for any purpose that Northern Tides Speech and Language, LLC may deem appropriate, including without limitation for promotional or advertising efforts, including, but not limited to:
 - Facebook
 - Instagram
 - Twitter
 - LoopIt
 - www.northerntidesspeech.com

I release Northern Tides Speech and Language, LLC from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses.

I have read and fully understand the terms of this release.

PATIENT NAME (PRINTED) _____

SIGNATURE _____ DATE _____

PRINTED NAME OF PARENT OF GAURDIAN (if patient is under 18 years old)

PHONE _____ EMAIL _____

ADDRESS _____