



kids therapy made simple

## Authorization for Photograph and Recording

I, the undersigned, do hereby consent and agree that Kids Therapy Made Simple, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use in any and all media, including educational materials, informational and conference presentations, social media, website, before/after photos, etc.

Mark your choice:

 Yes No - photographs may ONLY be used for medical record keeping and treatment planning

By signing this document below I confirm that this consent form has been explained to me in terms that I understand. I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I do hereby release Kids Therapy Made Simple, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used for educational purposes.

I also understand that Kids Therapy Made Simple is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Name of Parent/Legal Guardian

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Name of Patient

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Patient Date of Birth

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Signature

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Date

[helping kids with life](#)

**Kids Therapy Made Simple**

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