



wild & free

PEDIATRIC THERAPY

PHOTOGRAPHY RELEASE CONSENT FORM

Wild and Free Pediatric Therapy recognizes the need to ensure the welfare and safety of all individuals taking part in any activity associated with our company.

In accordance with our child protection policy, we will not permit photographs, video, or other images of young people to be taken without the consent of the parents/guardians. As your child will be taking part in therapy at our facility, we would like to ask for your consent to take photographs/videos that may contain images of your child.

It is likely that these images may be used as

- a record of therapeutic progress
- a description of therapeutic procedures, exercises, or activities
- marketing via social media (Facebook, Instagram, and/or our company website)
- records of activities or events in published material

Wild and Free Pediatric Therapy will take all steps to ensure these images are used solely for the purposes they are intended.

I, _____ **CONSENT TO** **DO NOT CONSENT TO** Wild and Free Pediatric Therapy using photographs or videos of my child, _____, for any lawful purposes including record keeping and printed/online marketing purposes.

Parent/Guardian Signature

Date