



KidSense Therapy Group

209 Cherry Street
Milford, CT 06460
(203) 874-5437

Release of Photo/Video

Child's Name: _____

Release of Photo

- I hereby give my permission for my child, _____, to have pictures/videos taken when participating in therapies at KidSense Therapy Group

These pictures/videos may be used for the following purposes (please check the boxes for those that you give permission for):

- Future staff training materials to be kept in-house
- Brochures and other print promotional materials
- Website (internet) promotions
- Slide show to be shown at open-house and at tradeshow

Parent Signature _____ Date: _____