



**Talk · Play · Learn | Speech Therapy**  
2100 SE Lake Rd, Suite 2A  
Milwaukie, OR 97222  
P: 503-852-1375

## **Consent for Photography and Videography of a Minor for Treatment Purposes**

I, \_\_\_\_\_ (client or parent/guardian name) give consent to  
Talk · Play · Learn | Speech Therapy or any party authorized by  
Talk · Play · Learn | Speech Therapy to photograph and/or video record  
\_\_\_\_\_ (client name) in connection with his/her therapy sessions,  
for:

- demonstration of progression of his/her skills
- teaching purposes (e.g. showing video to the client to assist with self-monitoring)
- all of the above
- none of the above

I acknowledge that I will receive no financial compensation for providing consent since my participation with Talk · Play · Learn | Speech Therapy in providing my consent and release is voluntary.

I hereby release Talk · Play · Learn | Speech Therapy, their contractors, their employees and/or any third parties involved in the creation of Talk · Play · Learn | Speech Therapy's materials from any and all liability that may arise in connection with the expressed and implied use of all photographs and videos outlined in this form.

I reserve the right to revoke this agreement at any time. I understand that my right to revoke must be done in writing and that revocation of this agreement only prevents future use of the materials but will not retroactively affect previous uses of the materials.

I am the client, parent or legal guardian of the person named below and have the legal authority to execute this consent and release.

\_\_\_\_\_  
Print Name of Client, Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client, Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Client