Your Logo Here

**PHOTOGRAPHY, VIDEO and/or AUDIO RECORDING AUTHORIZATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Subject/Parent/Legal Representative) hereby authorize your practice name, its staff, agents and employees to take and produce photographs, video and/or audio recordings of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state name of subject) and to use such photographs, video and/or audio recordings for purposes that include, but are not limited to, publication, both in print and online at your practice name’s sole discretion.

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Subject/Parent/Legal Representative) consent and authorize your practice name to take and reproduce photographs, video, and/or audio recordings of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state name of subject) for the authorized subject's or parent/legal representative's personal use. Your practice name reserves the right to limit or prohibit the taking and/or reproduction of photographs, video and/or audio recordings.

I hereby release your practice name, its staff, agents, officers, directors, and employees from any and all liability and claims related to the taking, reproduction, and/or use of such photographs, video and/or audio recordings and the release of information concerning (the authorized subject) acquired by the staff, agents, officers, directors, and employees pursuant to this authorization. It is expressly understood that this authorization and consent includes permission for the release of the authorized subject's information regarding the subject's name, photograph, video and/or audio recording for the purpose of publication, both in print and online.

Authorized subject/Parent/Legal Guardian: I understand that I may revoke this authorization at any time in writing to your practice name. This authorization is in effect for one year from the date of signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian's Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness Signature/Date