



Consent For Pictures/Videotaping

Name: _____ Date: _____

I, _____, agree to have my child, _____
_____, photographed and/or videotaped for Children's Therapy Associates, Inc. (CTA). These pictures/videos will not be sold or altered in any way. I agree to allow CTA to use these pictures/videos for any advertising publications related to CTA. As well, the pictures/videos may be used for educational purposes. No payment in any form will be exchanged for privilege to take pictures/videos and/or if they are used in publications/education.

I understand that this Agreement is valid for two (2) years after the signature date unless a parent advises CTA otherwise.

Thank you.

Parent/Legal Guardian Date: _____

Therapist Date: _____