



MEDIA RELEASE

PHOTO, VIDEO, AND TEXT RELEASE FORM

Signature of Release

From time to time, we like to feature clients on our website, or in other collateral or media releases. Please indicate if you will allow your child to participate, and indicate the items for which you deem permissible. We adhere strictly to our Patient Confidentiality Protocol, and will not release any items for which you have not given consent.

I do not give consent for any material pertaining to my child to be publicly released.

I hereby give my consent for the following (please initial next to items you will allow):

I hereby grant permission to **the Learning Fountain, Inc.** and its legal representatives to use my photograph and or my child's photograph taken or captured during regular or special therapy sessions through camcorder video, photo, and digital camera to be used for the purpose of the group's publications or website without further consideration. I acknowledge the group's right to crop or treat the photograph at their discretion. I also acknowledge that they may choose not to use the photograph(s).

I hereby grant permission to **the Learning Fountain, Inc.** and its legal representatives to use video footage of me and or my child taken or captured during regular or special therapy sessions through camcorder video, photo, and digital camera to be used for the purpose of the group's publications or website without further consideration. I acknowledge the group's right to crop or treat the photograph at their discretion. I also acknowledge that they may choose not to use the video footage.

I hereby grant permission to **the Learning Fountain, Inc.** and its legal representatives to publish a feature story about my child with their photo to be used for the purpose of the group's publications or website without further consideration. I acknowledge the group's right to crop or treat the photograph at their discretion. I also acknowledge that they may choose not to use the feature story. I understand that I will be required to sign to authorize the final content before any feature material is published.

Name of Participant(s):

In giving my consent, I hereby release and hold harmless **the Learning Fountain, Inc.** and its legal representatives, their offices, employees, agents and designees from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph(s), video(s), or feature stories of my child be used.

Signed:

Date (MM/DD/YYYY):

Please print your name:

the **Learning Fountain**

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