

**SPEECH THERAPY SERVICES, P. C.**

**502 SOUTH WHEAT AVENUE**

**BAINBRIDE, GA 39819**

**229-246-4088      229-246-0205 FAX**

**PHOTOGRAPH, AUDIO, AND VIDEO RECORDING  
RELEASE FORM**

**Please fill in this form. This information is entirely confidential**

\_\_\_\_\_ I/We \_\_\_\_\_ hereby voluntarily and without compensation authorize the use by the Speech Therapy Services of photographs, audio and/or video recordings of \_\_\_\_\_. I/We understand that these photographs, audio recordings and/or video recordings may be used by the Speech Therapy Services in their general publicity, their social media and their education and training materials for professionals and other parents.

\_\_\_\_\_ I/We \_\_\_\_\_ choose not to give permission for the Speech Therapy Services to use photographs, audio recordings and/or video recordings of my/our child, \_\_\_\_\_.

\_\_\_\_\_  
Name of Parent or Guardian  
(Please Print)

\_\_\_\_\_  
Date