



Photo/Audio/Video Release Form

I, _____, give WE Play/Sensawee Play, LLC to take
Photography/audio/video of my child _____ for
the following purposes (please check all that apply):

Parent/Guardian's Name

Child's Name

Take video recordings and photographs of my child, during the evaluation and/or treatment solely to assist with assessment and ongoing reassessment of my child.

Take video recordings and photographs of myself during the evaluation and/or treatment solely to assist with assessment and ongoing reassessment of my child.

Take video recordings and/or photographs for an outside source or for educational purposes. If so, please check off which of the following you are comfortable with.

- WE Play/Sensawee Play's Facebook page
- WE Play/Sensawee Play's Website
- WE Play/Sensawee Play's brochures/promotional material
- WE Play/Sensawee Play's presentations at outside facilities
- For your therapist to use video at workshops (your child's name is never used) to help further his/her education.

Permission is *granted* to take video/audio/photos by:

Signature of parent/guardian

Date

Permission is *denied* to take video/audio/photos by:

Signature of parent/guardian

Date