



## Media Consent and Release Form

I hereby grant to Palm Beach Speech Language-Specialists and Play Pals, its legal representatives, assigns for those whom Palm Beach Speech Language-Specialist and Play Pals is acting and those acting with its authority and permission to copyright, use, re-use, publish, and re-publish my child's name, photographs, and/or video footage or audio clips in which my child might be included, in whole or in part, without restriction as to changes or alterations, in conjunction with my child's name or a fictitious name or reproductions thereof in color, for one or more times, on a sustaining or commercial basis or non-commercial basis.

1. The information for which I am authorizing disclosures will be used for the following purpose(s): Promotional Video/Photo/Testimonials for the Palm Beach Speech-Language Specialists or Play Pals website and other various media vehicles.
2. I hereby waive any right that I may have to inspect or approve the finished product or products of printed matter or publications that may used in connection therewith or the use to which it may be applied.
3. I acknowledge that Palm Beach Speech-Language Specialists and Play Pals, is and will be the sole owner or all rights in and to the photographs or video footage for all purposes. But I have the right to see them or obtain copies of them. I do hereby knowingly and voluntarily waive any and all rights, compensation, royalties, or payment of any kind or character in connection with the use of my name and/or image(s) as authorized herein.
4. I hereby release, discharge, and agree to save harmless Palm Beach Speech-Language Specialists and Play Pals, or its legal representatives or assigns and all persons acting under its permission or authority or those for whom it is acting, from any liability, loss or damage (including reasonable attorney's fees) caused by and arising from the use of photographs or footage.
5. I understand that I have the right to revoke this authorization at any time, except to the extent that action has already taken in reliance upon the authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the facility administrator of Palm Beach Speech-Language Specialists or Play Pals.

6. I understand that once the above information is disclosed, it may be re-disclosed by the recipient pursuant to state and federal law and the information may not be protected by federal privacy laws or regulations.
7. I understand that authorizing the use or disclosure of the information identified above is voluntary.
8. I understand that I have a right to a copy of this from.
9. I have read the above authorizations, release and agreement prior to its execution and that I understand and am fully familiar with the content thereof. This release shall be binding upon me and heirs, executors, personal representatives, legal representatives and assigns.

Child's Name: \_\_\_\_\_

I DO NOT authorize a media release for my child

I DO authorize a media release for my child

Signature of Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

