



**Consent to Take & Use Photographs/Video**  
**for the advancement of orofacial myology, speech and dentistry**

**Client's Name:** \_\_\_\_\_

I **do/ do not** give permission for myself/my child to be photographed/videoed. The images and recordings may only be used to assist in formulating treatment plans, objectives and in data collection.

Please circle above as appropriate and sign and date below:

Name in full Mr/Mrs/Ms/Miss \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I **do/ do not** give permission for my myself/my child's photograph/video to be used for promotional or educational purposes, website and/or any other such purpose on behalf of Reach for Speech & Beyond, LLC. I understand that I, or my minor child (under age 18), will not receive compensation for the use of this likeness in any form. Under no circumstances, will personal identifying information be shared or disclosed.

Please circle above as appropriate and sign and date below:

Name in full Mr/Mrs/Ms/Miss \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_