



Photograph Release Form

I, hereby grant permission to EXPRESATE SPEECH THERAPY, PLLC to use photo images taken during therapy sessions for the purpose of website advertisement and parent education. Furthermore, I grant creative permission to alter the photograph(s).

I do not grant permission to resale or use the photographs in a manner that would exploit or cause malicious representation toward the client.

Parent/Caregiver: _____ Client's name: _____

Signature: _____ Date Signed: _____