



Piedmont Music Therapy, LLC

Photo & Recording Release

I give permission for Piedmont Music Therapy, LLC to:

(check all that apply)

photograph

video recording

audio recording

lessons with _____.
(client name)

These photos/recordings may be used for treatment or educational use only. (This may include staff review, school/agency inservice, professional conference trainings.)

These photos/recordings may be used for promotional use. (This may include internet, brochure, bulletin board display.)

Signature of parent/guardian

Date

Printed Name

Date