



Piedmont Music Therapy, LLC
Photo Release

I give permission for Piedmont Music Therapy, LLC to:
(check all that apply)

- photograph
- videotape
- audiotape

sessions with _____.
(client name)

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

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

Signature of parent/guardian

Date

Written Name & Relationship of guardian