



Photo Release Form

Miracle Farm Speech Therapy, LLC
80 Drinkwater Rd.
Hampton Falls, NH 03844
603-918-1298

Permission to Use Photograph/Video

Subject: _____

Location: _____

I grant to Miracle Farm Speech Therapy, its representatives and employees the right to take photographs of my child, _____, in connection with the above identified subject. I authorize Miracle Farm Speech Therapy, its assigns and transferees to use the photos in Miracle Farm Speech Therapy's social media outlets and for the purpose of creating a tribute slideshow to share privately with the families and staff attending and working at the summer program.

I agree that Miracle Farm Speech Therapy may use such photographs of my child, _____, with or without my name and for any lawful purpose, including, for example such purposes as publicity, illustration, advertising, and web content.

For our Fall Programs, photos may be posted on our private Facebook page.

I have read and understand the above:

Signature: (Parent/Guardian) _____

Printed Name: _____

Organization: (if applicable) _____

Address: _____

Date: _____