

<http://www.miraclefarmtherapy.com/>



Photo Release Form

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

Permission to Use Photograph/Video

Subject: ___Summer Runamuck Program_____

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.

Photos will be posted on our private Facebook page and then used at the end of camp for the end of the week awards presentation.

I have read and understand the above:

Signature: (Parent/Guardian)_____

Printed Name:_____

Organization: (if applicable) _____

Address: _____

Date: _____