



Clear Speech & Language

www.ClearSpeech.org | Direct: (949) 233-2181 / (909) 367-6747 ¡Se Habla Español!

PHOTOGRAPHY RELEASE FORM

By signing and dating this photography release form, I, _____, allow Clear Speech and Language to take, duplicate, and use photography of my child, in order for, but not limited to promotional and marketing purposes. Clear Speech and Language will inform the child's parents and/or guardians of any and all instances of photography use.

- I wish to receive a copy of any and all instances of my child's photography use.
- I do not need to receive a copy of my child's photography.

Client Name: _____

DOB: _____ / _____ / _____

I hereby acknowledge that I have received, and have been given, an opportunity to read a copy of the Photography Release Form of Clear Speech and Language. I understand that any questions regarding this form may be directed to Vanessa Cisneros or Heather Elam at (949)233-2181.

Print Name

Signature Date

Adult/Guardian Signature Date

Adult/Guardian Relationship to Child

For Office Use Only:

- Refusal of acknowledgment receipt
- Copy given to client
- Signed version filed in chart

Office Staff Date