**Media Release Form**

At times, Sensory Solutions, LLC uses various forms of media for advertising purposes allowing members of the community to be made aware of the services Sensory Solutions, LLC provide. We also use photographs and videos to assist with public relations.

We request your permission to use pictures/videos of your child in any form of media we deem

necessary to promote Sensory Solutions, LLC. We assure you that any form of media used

in reference to your child will be in good taste while maintaining the respect and dignity of

your child and their relationship with Sensory Solutions, LLC.

Please sign and date this form to allow or reject your consent for Sensory Solutions, LLC to use all forms of media of your child for advertising purposes.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) DO GIVE permission to Sensory

Solutions, LLC to use photographs and other media involving my child for public relations and

advertising activities.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) DO NOT give permission to Sensory Solutions, LLC to use photographs and other media involving my child for public relations and advertising activities.

Parent/Legal Guardian Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_