

---

Laura Deer, M.S. CCC/SLP, CAS #16418

Licensed Speech-Language Pathologist  
Certified Autism Specialist  
Special Needs Certified



laura@deerspeech.com  
310-529-6760 (cell)  
deerspeech.com  
facebook.com/deerspeech

---

### VIDEO, PICTURE & AUDIO RELEASE FORM

**By signing this release form, I authorize Deer Speech Therapy to share the following personal information:**

If there are no restrictions (check all):

- Pictures, video, audio recordings of my child, myself and other family members
- I give permission to use my child's first name and/or nickname
- I give permission to indicate my child's therapy targets / goals / strategies used in therapy
- I give permission to share diagnosis

Indicate restrictions in shared information here:

---

**I allow Deer Speech Therapy to share my personal information for the following reasons:**

- Share for my child's benefit with other professionals such as SLPs, OTs, PTs, ABAs, etc.
- Share for educational purposes including parent education, interns, students, etc.
- Share for marketing / advertising purposes including website, Facebook, Yelp, YouTube, printed materials, etc.

**Please check one of the following:**

- Shared information may be posted on the internet and / or may be printed and distributed
- Information may be shared only with an intended recipient and not publicly posted / distributed

By signing this document, I certify that I am the parent or guardian of \_\_\_\_\_, who is under the age of 18 years old, to whom this release applies to and that I have the legal authority to execute this release. I allow use of my personal information as indicated above and I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Deer Speech Therapy's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio recording, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I agree to the above with the following restrictions: \_\_\_\_\_

I acknowledge that I have read the foregoing and I fully understand the contents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by