

Pediatric Therapy Link of North Alabama, LLC
97 Hughes Rd. Suite H
Madison, AL. 35758

My child _____ may have his/her photo taken during therapy sessions to use for publication, marketing materials, and teaching sessions.

This photo release is good for **one** year from the date signed.

Signed: _____

Date: _____

If you are refusing to have your child's picture taken, please sign below.

Sign: _____ Date: _____