

PHOTOGRAPH/VIDEO/VOICE RECORDING RELEASE FORM

REDMOND

speech & language

Date

I authorize Redmond Speech & Language: Total Communication Services, LLC to use videos/photos/voice recordings of me/my child for publicity purposes.

I Give Redmond Speech & Language Permission to:

Take videos/photos/voice recordings for publicity purposes Yes No

Signature of Patient/Legal Representative of Child

contact@redmondspeech.com • www.redmondspeech.com • Angela 541.316.8004 • Christina 541.316.8005