



## Photo Release Form for Minors (if under 18)

Boston Sensory Solutions has my permission to use my or my child's photograph publically to promote the clinic. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name:

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_