

## Milestones For Kid's Success

### Authorization to Photograph and/or Video Tape

I hereby authorize (grant) Milestones for Kids' Success, PC permission to photograph and/or videotape my child \_\_\_\_\_ for the purposes of education, display and/or publication. I understand that these materials may be used for promotional purposes and hereby grant Milestone unlimited use of such. All parties understand that the child in the photograph and or video receiving treatment will not be identified in any way.

This authorization shall remain in effect indefinitely. In understand that if I choose to no longer have my child participate in future marketing communications / publications, I must notify Milestones in writing of my intention to terminate this agreement. This agreement fully represents all terms and considerations, and no other inducements, statements, or promises have been made to me. I understand that Milestones may not condition treatment, payment, enrollment or eligibility for benefits based on whether I sign the photo and or video tape authorization.

I certify that I am the legal and lawful parent or guardian of

[Child's Name] \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Milestones Signature**

\_\_\_\_\_  
**Date**

**Please check here if you do not wish your child to be photographed.**

**For Office Use Only:**

**Date of photograph/video:** \_\_\_\_\_

**Description of photograph(s) and or video taken:** \_\_\_\_\_

\_\_\_\_\_