



KINETIC KIDS, INCORPORATED
Occupational Therapy, Physical Therapy,
Speech Language Pathology and Consulting Services
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AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of Kinetic Kids Inc. as follows:

I hereby consent and authorize the staff of Kinetic Kids Inc. to take and use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings of me, and the children for educational, research, documentary, and public relations purposes. Any such recordings may reveal my identity through the image itself without any compensation to me, or my child(ren).

Any and all recordings taken of me shall be the sole property of Kinetic Kids, Inc.

With regard to the use of any recordings taken of me, and my children, I hereby waive any and all present and future claims I may have against Kinetic Kids, their staff, service providers, employees, agents, affiliates and volunteers.

Signature of Parent or Guardian

Date