



CONSENT FOR AUDIO/VISUAL RELEASE

I _____ (Parent or Legal Guardian) give permission for _____ (Name of Child) to be audio or video taped by the therapists at *The George Center for Music Therapy, Inc.* These audio or video taped sessions will be used for education and training purposes only (i.e., clinical supervision, conference presentations). At no time will your child's full name be spoken on the tapes and your child's full identity will remain confidential. These tapes may be maintained in a locked facility.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

CONSENT FOR PHOTOGRAPH RELEASE

I _____ (Parent or Legal Guardian) give permission for _____ (Name of Child) to be photographed by the therapists at *The George Center for Music Therapy, Inc.* These photographs will be used for education and training purposes (i.e., clinical supervision, conference presentations), and may be used by *The George Center for Music Therapy, Inc.* for advertisement purposes (i.e., brochures, newspapers).

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME