



## PHOTO/VIDEO RELEASE

I, \_\_\_\_\_ grant Dione Langley, M.S., CCC-SLP of Key Therapy permission to use my likeness and/or my child's likeness \_\_\_\_\_ in photographs and/or videos. I understand and agree that these photographs and/or videos will be used solely for marketing or educational purposes which includes but not limited to publications, email, website entries, social websites and presentations, without payment or any other consideration. I understand and agree that these materials will become the property of Dione Langley, MS, CCC-SLP and Key Therapy and will not be returned.

I have read this release before signing below and I fully understand the contents and meaning.

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Signature

Date

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Printed name of minor