



Ohio Music Therapy Task Force
ohiomusictherapytaskforce@gmail.com

PHOTO/VIDEO/AUDIO RELEASE FORM

I _____ (signatory's name) give my permission for pictures, audio and video recordings of _____ (participant's name) to be taken while arriving to, participating in, and departing from music therapy services between June 1st 2017 and July 31st 2017 or on _____ (previously recorded date(s)).

I understand that by signing this form, I am agreeing for photographs, audio and video recordings of _____ (participant's name) to be used by the Ohio Music Therapy Task Force in a compilation video of music therapy services in Ohio for the purposes of music therapy licensure and education advocacy.

Client/Patient's Name (please print)

Date

Signature : Client/ Power of Attorney/Guardian

Date