

VIDEO PERMISSION SLIP

I hereby give my permission to Beth Proudfoot, MFT, and her photographer, to photograph, videotape or otherwise record my child's voice and/or person. I understand that these recordings will be used for educational purposes, which may include printed publications, open or closed circuit broadcasts, webcasts, and or television transmissions. I understand that the identity of my child will be protected and that I will have an opportunity to view the videotape before it is used for any other presentation and reserve the option to rescind my permission at that time.

I also understand that there will be no financial or other remuneration for the recording, either for initial or subsequent publication, transmission, or playback.

Child's name: (please print)

Adult's Signature

Adult's Name (please print)

Date