



1717 Boyson Rd, Hiawatha, IA 52233
319-200-2004 319-200-2009 Fax
Info@proactivepediatrictherapy.com

CHILD'S NAME: _____

DATE OF BIRTH: _____

RELEASE OF INFORMATION

I authorize the exchange of Protected Health Information between PROACTIVE PEDIATRIC THERAPY, LLC, and the specified individuals listed below. I understand I have the right to revoke this authorization at any time.

PRIMARY DOCTOR/CLINIC: _____ PHONE #: _____

SPECIALTY DOCTOR(S)/CLINIC: _____ PHONE #: _____

PHONE #: _____

PRESCHOOL/SCHOOL DISTRICT: _____ PHONE #: _____

OTHER: _____ PHONE#: _____

Send or Share by: Mail Fax Secure Email Phone

SIGNATURE: X _____ DATE: _____
(Parent/Legal Guardian)

PHOTO RELEASE

I, _____ hereby agree and consent as follows:

- A. I consent and authorize ProActive Pediatric Therapy, LLC located at 1717 Boyson Rd Hiawatha, IA 52233 to use my likeness in any photograph, video or other digital media ("photos") in any and all of its publications, including print or web-based publications.
- B. I irrevocably authorize ProActive Pediatric Therapy, LLC to copy, edit, enhance, crop, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of Photos.
- C. I understand and agree that all Photos are the property of ProActive Pediatric Therapy, LLC and will not be returned to me.
- D. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.
- E. I agree to release and forever discharge ProActive Pediatric Therapy, LLC and its affiliates, successors, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and /or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature of kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.
- F. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly, and voluntarily signing.

SIGNATURE: X _____ DATE: _____
(Parent/Legal Guardian)