



## Media Consent

I, \_\_\_\_\_, grant permission to Pentatonic Therapies, LLC, hereinafter known as Pentatonic Therapies to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos       Email Blasts     Newsletters     Magazines     Promotional Brochures  
 Website         Audio             Facebook       Instagram     Pinterest  
 LinkedIn        Commercials    General Publications

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image. At no time will your full name or personal information be spoken on the videos or audios or release. Your full identity will remain confidential. Material obtained will be securely stored.

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I, \_\_\_\_\_, **DECLINE** permission for Pentatonic Therapies, LLC to use my image (Photographs and/or video) for use in Media publications.

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Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_  
(if under 18 years of age)