ADMINISTRATIVE OFFICE: 104 CAMINO PABLO, ORINDA, CA 94563
INITIAL CONSULTATION & COUNSELING OFFICE: 110 CAMINO PABLO, ORINDA, CA 94563
PHONE (925) 258-5400
FAX (same as phone)

CONSENT TO PHOTOGRAPH Photo/Video Release Authorization

PHOTO RELEASE	
individuals who participate in group t	, as parent or legal guardian, understand that therapy services and subsequently the Activities ake photos of one another during Coyote Coast
	have control over how these photos or video are rticipants.
, , , ,	ase Coyote Coast and any of its associates, officers, agents, and employees from any claims.
I understand that the term "photogra audio recording and motion picture f	aph" as used herein encompasses still photographs ootage.
I HAVE READ THE ABOVE STATEM	IENTS AND AGREE WITH THOSE STATEMENTS
Print:	Date:
Signature:	
Relationship:	
•	old like to post activity photos in our quarterly norize your child's photographs to be used in this u.