



Sprouts Therapy  
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Authorization to Release Client Images

I hereby give my permission to Sprouts Therapy LLC, to use images/videos of client for marketing materials only. These materials include the business website (www.sproutstherapy.com) and brochures. I understand that no names or medical information will be associated with these images.

I hereby give my permission to Sprouts Therapy LLC to release photos and/or video acquired of client for medical documentation purposes which could include a visual progress timeline.

I hereby DO NOT give my permission to Sprouts Therapy LLC to use photos and/or video acquired of client for any reason.

Parent/Legal Guardian Signature\_\_\_\_\_

Print  
Name\_\_\_\_\_

Client  
Name\_\_\_\_\_ Date\_\_\_\_\_