

## CLIENT AUTHORIZATION FOR RELEASE OF VIDEO/MEDIA

I, \_\_\_\_\_ authorize Fredericksburg Relationship Center, LLC to:  
 [Please print name(s) of client(s)]

### **Check all applicable:**

- |  |  |
|--|--|
| <input type="checkbox"/> Take my picture                           | <input type="checkbox"/> Video tape me |
| <input type="checkbox"/> Interview me                              | <input type="checkbox"/> Audio tape me |
| <input type="checkbox"/> Use my testimonial for marketing purposes | <input type="checkbox"/> Observe me    |

### **For the purpose of check all applicable:**

- ☐ Videotape client/couple/family for use in therapy self-viewing
- ☐ Videotape for use in training (your identity will not be provided to viewers)
- ☐ Other [Specify] \_\_\_\_\_

### **I understand this authorization is valid for, check one:**

- ☐ For self viewing during session - \* *video will then be erased at end of session or termination of therapy*
- ☐ A limited time of 60/90/120 days (Circle One) - \* *video will then be erased on Date:* \_\_\_\_\_
- ☐ An unlimited time for the exclusive use of Fredericksburg Relationship Center, LLC

I also understand that I may cancel this authorization at any time, by submitting my request in writing. This Authorization was not obtained as a prerequisite to receiving care, and I give this authorization of my free will and agree to hold Fredericksburg Relationship Center, LLC, its officers, agents, and principals harmless from any damages or injury resulting from the use of the media consistent with this Authorization.

I agree to allow the listed items above be taken and utilized without financial remuneration, and I hereby release Fredericksburg Relationship Center, LLC from any future claims as well as from any liability arising from the use of the media.

_____ Printed Name	_____ Date
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_____ Signature	_____ Date
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_____ Printed Name	_____ Date
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_____ Signature	_____ Date
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_____ Witness - <b>YOUR PRINTED NAME</b>	_____ Date
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