



Photo/Video/Audio Consent Form

Sound Escape Music Therapy recognises the need to ensure the welfare and safety of all clients taking part in any therapy sessions associated with our organisation.

In accordance with our client privacy policy we will not permit photographs, audio or video recordings of clients to be taken without the consent of the client and /or the parents, carers or guardians. We will do our best to protect the identity of all clients in a photo, audio or video recording, however a client may be recognised by that photo or video recording.

Sound Escape Music Therapy would like to ask for your consent to take and / or use photographs, audio or video recordings of the session activities that may contain images of _____.

I hereby grant permission to *Sound Escape Music Therapy* to use photographs and/or audio or video recordings of _____ taken at _____ in publications, news releases, marketing material or online avenues like (Facebook, Instagram, YouTube or on Sound Escape Music Therapy's website).

Signature of consenting Client, Adult, Guardian or Carer

Name: _____

Address: _____

Phone: _____ Email: _____

