



Advertising Consent Form

For good and valuable consideration, the amount and sufficiency which is hereby acknowledged, I consent and authorize **Therapeutic Playtime Rehabilitation and Health Care Services, Inc, DBA Therapeutic Playtime** and its employees and agents:

- **to take still pictures, motion pictures, sound recordings, and/or video recordings of me (collectively, the "materials")**
- **to use and adapt such materials in its advertising programs and/or in promoting Therapeutic Playtime Inc. programs or activities at any time or place and in any medium in the future**

I agree to indemnify, hold harmless and release Therapeutic Playtime Rehabilitation, Inc., its Board of Directors, employees, and agents from any and all claims arising from such material.

All such still pictures, motion pictures, sound recordings and/or video recordings become the property of Therapeutic Playtime Rehabilitation, Inc. I agree to assign my copyright, including performers rights, in the materials to Therapeutic Playtime Rehabilitation, Inc. I agree to waive all moral rights I may have in the material in favor of Therapeutic Playtime Rehabilitation, Inc. in perpetuity.

Signed at: **Therapeutic Playtime** this _____ day of _____, 2023.

Patient Name (print): _____

Caregiver Signature : _____ Date: _____

Address: **3488 Jeffco Blvd, Arnold MO, 63010**

Witness Signature: _____ Date: _____