

The Imagination Process™

FORM: Photo Release

DATE: _____

Photo Release

I agree to grant to Solutions Center for Personal Growth, Inc. and Wendyne Limber, MA, LMFT and its authorized representatives permission to record on photography film and/ or video, pictures of my participation or my minor child’s participation in The Imagination Process or The Imagination Process Jr.

I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used for documentaries, mini-films and further that such use shall be without payment of fees, royalties, special credit or other compensation.

	/	
Signature of Adult Participant		Email or Phone Number

	/	
Signature of Parent if Applicable to Minor Child		Email or Phone Number

	/	
Name of Child in The Imagination Process Jr.		Email or Phone Number