



# Adaptive Life Therapy

Living Life to the Fullest

Adaptive Life Therapy

Media Release Form

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I am an adult (18 or older) and am providing consent for myself.

I am the parent/legal guardian of a minor and am providing consent on their behalf.

## Permission to Use Media

I hereby grant Adaptive Life Therapy, its representatives, employees, and agents the right to take and use

- Social media posts (e.g., Instagram, Facebook, TikTok)
- Website content
- Printed materials, brochures, and flyers
- Educational and promotional content

I understand that:

- No names or identifying information will be shared without additional written permission.
- This media may be used in perpetuity unless I revoke this consent in writing.
- Adaptive Life Therapy agrees to use all media in a respectful, professional, and therapeutic manner aligned

Consent Options (check all that apply):

I grant permission to use photos.

I grant permission to use videos.

I grant permission to use non-identifying images (e.g., back of head, hands).

I DO NOT grant permission to use any media.

Right to Revoke

I understand I may revoke this consent at any time by submitting a written request to Adaptive Life Therapy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Client (if applicable): \_\_\_\_\_