



KEIKI *in Nature*

Photograph Release Form

Please Check One of the Following Boxes:

I **allow** myself and my child/children to be photographed by the staff of *Our Planet Therapy Co.* during the workshop. I give full permission for any and all photographs to be used on the social media pages and website of *Our Planet Therapy Co.*

I **refuse** to allow myself and my child/children to be photographed by the staff of *Our Planet Therapy Co.* during the workshop. I do not give permission for any and all photographs to be used on the social media pages and website of *Our Planet Therapy Co.*

Child/Children Name(s) (Please Print)

Parent/Guardian Name(s) (Please Print)

Signature:

Date:
