**In Harmony Music Therapy Services, L.L.C.**

**Music Therapy Media Release Form**

**Please return to:**

Bridget Shevlin MT-BC

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Omaha, NE 68144

Phone: 402.953.6817 Email: [bridgetmshevlin@gmail.com](mailto:bridgetmshevlin@gmail.com)

This consent form will authorize In Harmony Music Therapy Services, LLC to use and print photographs and any other form of media material for education, informational and promotional purposes. Images may be used, but not limited to, In Harmony Music Therapy Services, LLC publications and newsletters, advertising material, websites and social media.

This Medial Release Form will be kept on file by In Harmony Music Therapy Services, LLC as reference for individual approval.

Individual’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After reading the explanation above, I authorize In Harmony Music Therapy Services, LLC to take and use photographs or media in any In Harmony Music Therapy Services publications, presentations or electronic marketing and social media.

Parent/ Individual’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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