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Lake Charles, Louisiana 70607  
337-429-5129

## AUDIO/VIDEO/PHOTOGRAPHY AGREEMENT

I, \_\_\_\_\_ give permission for my child,

\_\_\_\_\_, to be photographed/audio/video taped by Resolutions Counseling Services, LLC, during counseling sessions. This tape will be used strictly for training purposes and will only be viewed by a registered supervisor for educational purposes. The tape will be erased or destroyed after each supervision session. This consent will allow for photos to be used on Resolutions Counseling Website as well as marketing purposes. This consent does not cover the use of this tape for professional workshops.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_

Client

Date