



FOCUS THERAPY SERVICES, INC.



Mailing Address
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Main Office
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New Bern, NC 28560
T# (252)672-8676

Bayboro Office
14180 NC Hwy 55
Bayboro, NC 28515
T# (252)745-5500

Morehead City Office
5242 US Hwy 70 W
Morehead City, NC 28557
T# (252)222-3343

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Media Release Agreement

Please fill out this form and return to the main office of Focus Therapy Services, Inc., 3310-A Neuse Blvd., New Bern, NC 28560.

For good and valuable consideration received, which is hereby acknowledged, I hereby give **FOCUS THERAPY SERVICES, INC.**, (herein known as "**the Company**") the absolute and irrevocable consent for photographing or videotaping my child. This media may be taken, published, and copied by the Company, in whole or in part, without personal identification, for illustration, trade, advertising, marketing, fund raising and promotion of the Company and its activities, in any medium.

I hereby release and discharge the Company, its assignees and designees (including any agency, client, broadcaster, periodical or other publication) from any and all claims and demands arising out of or in connection with use of such photograph(s), videos, including but not limited invasion of privacy or right of publicity.

I acknowledge that I accept, and agree to the above statements:

(Name of Child)	(Date)
(Name of Parent or Legal Representative)	(Relationship to Child)
(Signature of Witness)	(Date)
(Signature of Parent or Legal Representative)	(Date)

I acknowledge but decline to accept, and agree to the above statements, which prevents the Company from using any pictures, video or any other media in any capacity whatsoever.

(Patient or Patient's Guardian)	(Date)
(Name of Parent or Legal Representative)	(Relationship to Child)
(Signature of Parent or Legal Representative)	(Date)