# Digital Recording Release Form (Minor)

I agree to allow my child to be recorded by [Agency/Organization].

I understand and consent to the use and release of the recording by [Agency/Organization]. I understand that the information and recording are for research purposes only and that my child’s name and image will not be used for any other purpose. I relinquish any rights to the recording and understand the recording may be copied and used by [Agency/Organization] without further permission.

I understand that participation is voluntary and I agree to immediately raise any concerns or areas of discomfort my child or I might have.

Please sign below to indicate that you have read and understand the information on this form and that any questions you might have about the session have been answered.

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

## Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please sign your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.