Margaret M Bourne

1444 Page St

Alameda CA 94501

**RELEASE FORM**

I, the undersigned, hereby grant **Margaret M. Bourne MS CCC-SLP** permission to make videotapes, multimedia, still pictures, and sound recordings, separately or

in combination of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I also give Margaret M. Bourne MS CCC-SLP permission to use the finished videotapes, multimedia, still pictures, and/or sound recordings for presentation purposes.

Further, I relinquish and give to **Margaret M. Bourne MS CCC-SLP** all rights, title, and interest I may have in the finished videotapes, multimedia, still

pictures, and/or sound recordings, negatives, prints, reproductions, and copies of the originals, negatives, recording duplicates, and prints for educational or instructional purposes only.

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Signature of Parent or Legal Guardian Date