

CAPITAL CITY THERAPY GROUP, LLC

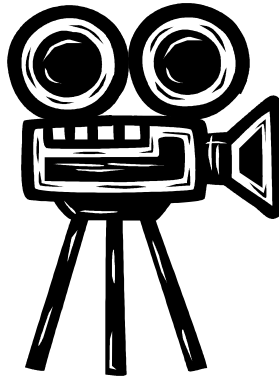


PHOTO RELEASE FORM

I, _____ (guardian) for the purpose of promotion, as follows give Capital City Therapy Group, LLC, and such parties my permission and the irrevocable right to use my child's photographs for reproduction in any medium for the specific purpose of Capital City Therapy Group, LLC for advertising, recruiting, and display without any future remuneration or claim. Capital City Therapy Group, will not use diagnosis or last names of any clients.

I have read this release, fully understand the contents, affirm I am guardian of _____ (child) and agree to these terms of use as stated.



We are _____ on Facebook!!!!

"Like Us" and share with your family and friends.

Feel free to email me any pictures or information you would like to see posted.

Chris Speegle,

chriscctherapy@gmail.com

Parent signature: _____

Capital City Therapy signature: _____

Date: _____

Fax: 866-464-4298

Phone: 803-479-1758