

# Creative Wellness Institute

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Birmingham, AL 35205

## **STRONG***Girls* Personal Image Release Form

I, \_\_\_\_\_,  
hereby grant Creative Wellness the right to use my personal image  
obtained through the use of audio/video tapes and/or photographs taken  
during program participation sessions. I understand that any photographic  
image of me taken during a counseling session will not be used for any  
public purpose, but may be used in conjunction with counselor supervision  
or training purposes. Program participation photos, slides or videotaped  
images may be included in Creative Wellness' brochures or other publicly  
available literature.

I may revoke this consent at any time in writing. Such revocation will not  
apply to the prior use of any of my images previously utilized under this  
consent form.

\_\_\_\_\_  
Client Signature or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date