Release and Permission to Tape

Video and audio taping are common aids used in the supervision, research, and training of marital and family therapists. It is necessary for me to have your written permission to use these electronic resources.

We, the undersigned, do consent to the video and/or audio taping of our therapy sessions. This consent is being given in consideration of the professional services being rendered by our therapist _____. We understand that we may request the tape to be turned off or erased at any time either during our sessions or any time thereafter. We, the undersigned, realize that we are fully responsible for our own participation in any and all exercises and interactions suggested by the therapist. We understand that in no event will our surnames or locales be disclosed with any taped material. I further understand and agree that the potential for identification exists, as my image shall be portrayed in the video(s).

We, the undersigned, acknowledge that the purpose and the value of taping has been fully explained to us and that our consent to such taping is given freely and voluntarily.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	
Witness	Date	

Couples Form