

Audio/Video Release Form
AUTHORIZATION TO USE AUDIO-VISUAL/WEB CAMS

I, _____, hereby authorize

I consent to authorizing **Trinity Escape, LLC** to conduct counseling, coaching or consulting by video (Skype, Google, etc) /audio (phone, computer, etc.) whichever is applicable. That the content of the video/audio sessions will be held in strict confidence during and after said session (s).

I hereby release Trinity Escape, LLC', their directors, officers, agents, employees from all claims of every kind on account of such use.

If client is under 18: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____