

Photo & Video Permission Form

Therapy Case Study permission

To be completed by the student involved in the Therapy Case Study

Name of student:

I give permission for
(insert name of *Therapy Teacher*):

to use my photographs, in print-based form or digital form, and recordings if taken, solely for their yoga therapy case study. I understand that these images may be shared with members of the IY(UK) Therapy Committee and IY(UK) administrative staff.

Signature:

Date: