

# PT N' PLAY Physical Therapy Inc.

5472 Wilshire Blvd Unit B

Los Angeles CA 90036

(323) 394-3861

[ptnplay@sbcglobal.net](mailto:ptnplay@sbcglobal.net)

## **Consent for Use of Therapy Equipment and Various Activities:**

I understand that my child, \_\_\_\_\_ will be involved in therapeutic activities which may involve the use of specialized equipment such as suspended equipment and various swings, bolsters, large therapy balls, climbing structures, trampolines, scooter boards, tactile and touch media, fine motor, oral motor and eye hand coordination activities. I understand the nature of, as well as, the repercussions associated with the use of these pieces of equipment or activities, as they could result in injury to my child. I give permission of my child to engage in the use of the various therapeutic activities described above, as well as, realize they may be engaging with other peers while partaking in these activities. In addition, I release PT N' PLAY PHYSICAL THERAPY INC, Evelina Ricci-Yuster, PT and all clinician's associated with her free of all liabilities, claims, injuries, or medical bills that may occur before, during, or after therapy while using these pieces of equipment and partaking in various activities.

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Signature of Parent or Guardian / Date

**PT N' PLAY, LLC**

10061 Riverside Drive, Suite #271

Toluca Lake, California 91602

Evelina Ricci, RPT

(323) 394-3861

[ptnplay@sbcglobal.net](mailto:ptnplay@sbcglobal.net)

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**Consent for Videotaping and Photography:**

I understand that my child, \_\_\_\_\_ may be videotaped or photographed throughout individual treatment sessions. The purpose of this videotaping is for child, group and / or staff education, as well as, to document and monitor progress. I understand these medias are kept at and are not used for any other purposes beyond the above mentioned areas. I give my consent for my child to be videotaped and/or photographed for staff education, and progress monitoring. I understand that its use and observation will be kept confidential through the staff at PT N' PLAY, LLC.

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Signature of Parent or Guardian / Date

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**Consent for Photographing For Marketing Purposes:**

Evelina Ricci-Yuster PT, owner and director of PT N' PLAY, LLC is a frequent speaker at workshops for parents and professionals. I understand that she occasionally includes videotapes, power point slides and photographs during her presentations, as well as in books and newsletters. In addition, I understand that she occasionally uses pictures of children at participating in therapeutic activities on the marketing materials, i.e. website, slide shows, brochures, etc . By signing below, I am stating that I give permission for her to use my child's photograph in the above areas and understand that neither parent nor my child will receive a financial reimbursement for its use.

I give consent to use a photograph of my child \_\_\_\_\_ for marketing purposes.

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Signature of Parent or Guardian / Date