



## Photograph, Video, and Testimonial Release Form

Video recordings of our treatments as well as written/video testimonials from our clients help us get the word out about what we do and how we can help others. They also help us to teach others how to replicate our methods and better help their clients. With that said, please read below and let us know if you'd be okay with us recording and using any part of your treatment sessions and/or possibly writing/recording a testimonial for our clinic.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- marketing videos
- online educational courses
- educational videos
- for-profit endeavors

By signing this release I understand this permission signifies that photographic or video recordings of me, and my written text, may be electronically displayed via the Internet or in the public educational setting. I understand that I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. I have been informed that I can revoke this consent at any time and Restore and Revitalize Physical Therapy will discontinue further use or disclosure at that time.

I realize that if any information has been posted on the internet, Restore and Revitalize Physical Therapy cannot control how my photographs, videos or testimonials are used by others.

I realize that the above items cannot be restricted from use/disclosure for treatment, payment or operations.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational or marketing purposes.

Full Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a client under the age of 18, then the signature of that client's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_