



Photo/Video Release Form

(For use of photographic, video AND testimonial materials.)

I hereby give permission to _____
to use my name and photographic likeness, video and/or testimonial in all
forms and media for advertising, social media, clinical or professional, web-
site, video and any other lawful purposes.

Print Name: _____

Signature: _____

Date: _____

If individual 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: _____