



## Photography/Video Consent Form/Release

### **AUTHORIZATION FORM FOR USE OF ANY AND ALL PHOTOGRAPHS, VIDEOS, AND SUCCESS STORIES IN PUBLIC RELATIONS AND MARKETING ACTIONS**

I, (print name) \_\_\_\_\_, hereby grant permission to TOTAL Physical Therapy and Wellness and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of me for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of TOTAL Physical Therapy and Wellness.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of adult subject)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

### **RELEASE FOR MINOR CHILDREN (Under 18)**

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ hereby grant TOTAL Physical Therapy and Wellness permission to and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of **my child** for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of TOTAL Physical Therapy and Wellness.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)