



# Photo & Video *Release Form*

I, \_\_\_\_\_ hereby grant permission to ATHLETIC ADVANTAGE PHYSICAL THERAPY LLC and its employees to take photographs or videos of me, my likeness, and my overall appearance during my visit/appointment.

I understand that the photographs and videos may be used for promotional and marketing purposes, including but not limited to social media, website, print materials, and other forms of marketing. I understand that ATHLETIC ADVANTAGE PHYSICAL THERAPY LLC has the right to edit and use these photographs and videos as they see fit.

I also understand that I will not receive any form of compensation or financial remuneration from the use of these photographs or videos.

I also understand that once the photographs or videos are used, ATHLETIC ADVANTAGE PHYSICAL THERAPY LLC has no control over the use of the images by third parties, who may also use the images for their own purposes.

I release and discharge ATHLETIC ADVANTAGE PHYSICAL THERAPY LLC, its owners and employees from any and all claims, demands, or causes of action that I may have against them arising out of or in connection with the use of the photographs or videos.

I hereby acknowledge that I have read and fully understand the terms of this release and that I have had the opportunity to ask any questions that I may have before signing.

By signing this release, I certify that I am at least 18 years of age. If under 18 years of age, a parent or legal guardian must sign this release.

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Client Name

Client Signature

Date

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Parent/Guardian Name  
(if under 18)

Parent/Guardian Signature

Date