

MEDIA RELEASE FORM

I, _____, grant permission to North Florida Integrative Medicine, hereinafter known as NFIM to use my image (photographs and/or video) for use in Media publications including but not limited to:

- Promotional Videos and Photos
- Instagram Posts and Advertisements @northfloridaintegrative
- Facebook Posts and Advertisements @northfloridaintegrative
- For Our Website, northfloridaintegrative.com

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future by NFIM and its affiliates, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image by NFIM.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____

(If under 18 years of age)

Name (please print): _____