



Photo Release Form

I, _____, hereby grant permission to the Arkansas Hand Therapy Society to use my photograph and/or video in its publications, including its website, social media platforms, newsletters, brochures, flyers, and other print and digital materials. I understand that this material may be used for educational purposes and to promote the programs and services of the Arkansas Hand Therapy Society. I acknowledge that I will not receive any compensation for the use of my image or likeness. I release the Arkansas Hand Therapy Society from any liability arising from the use of my photograph and/or video. I have read and understood this photo release form and I agree to its terms.

(Signature of adult, or guardian of children under age 18)

Name: _____

Address: _____

Phone: _____

Email Address: _____