

Client Testimonial Waiver

Client Testimonial Waiver (optional)

Hi!

Thank you so much for your kind words about our work together. I would love to use a short testimonial about our work together in my marketing materials, with your permission.

To protect your private information, the following precautions will be used:

- Your initials or first name only or “Anonymous” will be used
- (If using before and after photos) All faces will be blurred in photos

By signing below, you are expressing approval and permission for Roots & Rivers Naturopathic Medical Center - Dr. Maria L. Gussak to use your testimonial in marketing materials, including website, newsletter, blog posts, and more.

Best,
Dr. Maria L. Gussak

Name

First Name:

Last Name:

Client Signature*

(This will require your client's signature)

Date