



Saunders County Chiropractic

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PHOTO RELEASE CONSENT

Purpose of Consent: By signing this form, you are consenting to allow **SAUNDERS COUNTY CHIROPRACTIC** and any associated staff members to use and distribute your photo along with your patient testimonial or athlete of the month spotlight.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to us. Please understand that revocation of this Release will not affect any action **SAUNDERS COUNTY CHIROPRACTIC** or his/her staff took in reliance on this Release before receiving your revocation.

I hereby grant permission to allow **SAUNDERS COUNTY CHIROPRACTIC** to use an agreed upon photograph of me in conjunction with my patient testimonial or athlete spotlight. I hereby agree and acknowledge that my photo will be released to the public via public relation efforts of **SAUNDERS COUNTY CHIROPRACTIC**. I further acknowledge and agree that my photo may be used by the media.

I waive the right of prior approval and hereby release **SAUNDERS COUNTY CHIROPRACTIC** from any and all claims for damages of any kind based on the use of my photo or information contained in my testimonial.

By signing below I agree and acknowledge that I have read and understood the above Release and agree to all terms described. I am of legal age and freely sign this Release.

Patient Signature

Date

Print Name

Parent Signature

Date

Parent Print Name