



### Photograph & Video Release Form

I hereby grant Live Well Integrative Medicine to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

I understand all items listed above shall remain the property of Live Well Integrative Medicine. I hereby release, acquit and forever release Live Well Integrative Medicine from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said items including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby Warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parents or guardian has signed this release form below.

Signature of Individual: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

If individual is under eighteen (18) years of old. I agree that I have authority and permission to sign this form as a parent or guardian to above individual listed above

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### NON-PARTICIPATE:

- **I do not wish to participate in Photographs, Videos or Audios.**

Signature of Individual: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_