



Reset Medical Solutions LLC  
Brenna Galves Dipl. OM, L.A.c.,  
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info@resetmedicalsolutions.com

## ***Photo Release Form***

-I hereby grant Brenna Galves Dipl. OM, L.A.c., permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

-I understand and agree that these material will become the property of Brenna Galves and will not be returned.

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-I hereby hold harmless and release and forever discharge Brenna Galves from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on any behalf of my estate have or may have by reason of this authorization.

**I am at least 21 years of age and I am competent to contract in my own nature. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

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

Printed name: \_\_\_\_\_

**If the person signing is under age 21, there must be a consent by a parent or a guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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

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

*The following information is to advise you on lifestyle recommendations based on your specific treatment plan with Reset Medical Solutions. This is not meant to cure, treat, or heal and conditions you may or may not have. By reading this, you are accepting this to be true.*

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