

Photo / Video / Testimonial Release Form

☐ I _____ grant permission to Root to Rise Therapy LLC to use photographs/video footage taken of me for use on associated websites, emails, fliers and any promotional ads.

☐ I _____ grant permission to Root to Rise Therapy LLC to utilize my written testimonials, quotes, and other written material for use on associated websites, emails, fliers and any promotional ads.

☐ I _____ hereby waive any right to inspect or approve the finished photographs/video footages or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph/video footage and written material.

I hereby agree to release, defend, and hold harmless Root to Rise Therapy LLC and its affiliates from and against any claims, damages or liability arising from or related to the use of the photographs/video footage, written statements, testimonials, quotes, including but not limited to any misuse, distortion, blurring, alteration, or use in composite form, either intentionally of the finished product, its publication or distribution.

I will notify Root to Rise Therapy LLC verbally or in writing if I choose to rescind my permission as detailed herein.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

NAME: _____

SIGNATURE: _____

DATE: _____