

Angela Johnson, PT, DPT Office: (501) 687-2000 Fax: (501) 687-1999 ajohnson@onsitetherapies.net

## General Photo/Video Release

I hereby authorize Onsite Therapies hereafter referred photographs/video taken of me on	
month, date and year), and my name and likeness, and video-based marketing materials and education publications.	
I hereby release and hold harmless Onsite Therapie of privacy or confidentiality associated with the imag	•
I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/videos or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos/videos confers no rights of ownership or royalties whatsoever.	
I hereby release Company, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.	
Authorization	
Printed Name:	
Signature:	Date:
Street Address:	

City: \_\_\_\_\_State: \_\_\_\_\_Store: \_\_\_\_\_