



Advertisement Consent / Release

This consent/release is for television, social media, radio, promotional materials, written articles, digital advertising, publications, photographs, and/or all other forms of advertising.

I hereby authorize MAXX Physical Therapy the right to use my photo, video, audio recording, and/or information related to my experience with MAXX Physical Therapy. I understand this information may be used in (but not limited to) publications, electronic publications, billboards, television, radio, media, photographs, and/or all other forms of advertising.

My consent is freely given as a public service to MAXX Physical Therapy without expecting payment. I release the staff representative named below and MAXX Physical Therapy and their respective employees, officers, members, owners, and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, audio/video recordings, photographs and/or alternate forms of advertising.

I authorize the release of the following recorded content of myself and my complete name or initials with said content.

Content descriptions: _____

Date recorded: _____

Print Name

Address

City, State, Zip

Phone and/or Email Address

Signature

Staff Name

Signature of Parent or Legal Guardian

Staff Signature

The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent.