



CONSULTATION PHYSICAL THERAPY
of TEXAS
RETURNING YOU TO THE GAME OF LIFE

PHOTO/VIDEO CONSENT & RELEASE

During your treatment, we may verbally ask your permission to take a photo/video. In the event that you grant your approval, we also need a signed written consent form as seen below. Thank you for your cooperation.

1. I, _____, hereby grant to Consultation Physical Therapy of Texas, P.C., the unlimited right and permission to use in perpetuity my photograph, video footage, actions, and/or testimonial, either alone or accompanied by other material, in any manner and in any media, throughout the world, at any time, for any and all lawful purposes, including but not limited to, all promotion, marketing, advertising and publicizing of Consultation Physical Therapy of Texas's services, or Consultation Physical Therapy of Texas's clients' products or services.

2. I acknowledge that I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, blurring, alteration, distortion, illusionary effect, faulty reproduction, fictionalization or use in any composite form of my name, picture, and/or video footage. I acknowledge that neither Consultation Physical Therapy of Texas nor any other party, or any agent or attorney of Consultation Physical Therapy of Texas or any other party, has made any promise, representation or warranty whatsoever, express or implied, not contained herein concerning the subject matter hereof, to induce me to execute this document.

3. I acknowledge that any pictures and/or video recordings taken of me by Consultation Physical Therapy of Texas or any third party contracted by Consultation Physical Therapy of Texas to perform such actions are or will become the sole property of Consultation Physical Therapy of Texas

4. I understand that nothing contained herein shall constitute any obligation by Consultation Physical Therapy of Texas to make use of any of the film, photographs, videos, or recordings of me.

5. I hereby hold harmless, release and forever discharge Consultation Physical Therapy of Texas from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, agents, successors, assigns, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

6. I acknowledge that I am over the age of 18, and that I have read, understand and agree to all of the terms and conditions presented in this Consent and Release, and that I have the full and exclusive authority to grant the rights granted hereunder.

7. This Consent and Release shall be governed by and interpreted in accordance with the laws of the State of Florida.

Signature

Date