

## PHOTO RELEASE FORM

I, \_\_\_\_\_, hereby grant and authorize Advanced Institute of Physical Therapy the right to take, edit, alter, copy, exhibit, publish, distribute and make use of all pictures taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

- I waive the right to inspect or approve any finished product in which my likeness appears.
- I agree to this release without being compensated.
- I waive any right to compensation arising or related to the use of the photograph.
- I understand and agree that these materials shall become the property of Advanced Institute of Physical Therapy and will not be returned.
- I hereby hold harmless and release Advanced Institute of Physical Therapy from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.
- I understand this authorization shall continue indefinitely.

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

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

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