



IMAGE RELEASE CONSENT FORM

I hereby give Master Dry Needling Seminars (MDNS) and Total Motion Physical Therapy (TMPT) the right and permission to broadcast, display and/or publish and distribute my photograph, image, voice and/or name in promotional or marketing materials which may include, but are not limited to, newspaper, press releases, brochures, online marketing, video, articles, magazines, radio, commercials and catalogs.

I understand that MDNS and TMPT will not be in a position to, and is not committed to, attempt or control any redistribution of such materials by third parties receiving such items from MDNS or TMPT.

I hereby waive any right to inspect or approve the finished materials that may be used by the above in connections with any of the above purposes.

I hereby release, discharge and agree to hold harmless MDNS and TMPT, including their respective directors, employees, contractors or vendors from and against any liability as a result of distortion, blurring or alteration that may occur in the taking, processing, reproduction, publishing or distribution of the finished materials, and from any and all claims, actions and demands of whatsoever nature, including but not limited to claims of libel, defamation or invasion of privacy, arising out of or in connection with the use of photographs, videos or reproductions.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign the release if the individual photographed is under 18 years of age.

I have read the foregoing release, authorization and agreement before signing below and state that I fully understand the contents thereof.

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____