



Photo/Video Consent and Release Form

By signing this form, I, being of legal age, hereby grant permission, and have the right to grant permission, to Healing Motion Physical Therapy, Inc. (HMPT) to use the photo and/or video of me. I understand that this consent is perpetual, that it may not be revoked, and that it is binding on my heirs and assigns.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products, and copy may be applied.

By signing below, I acknowledge and agree that I have complied with all state and federal laws regarding privacy, including the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards) and have obtained any necessary authorizations and consents.

I hereby release, discharge and agree to save harmless HMPT, its affiliates, components, employees, sponsors, agents and assigns of the foregoing, from any liability or claimed liability in connection with the aforementioned use of the photograph, videotape, name, image, likeness or performance.

Name: _____ Date: _____

Signature: _____