

Video and Photo Release Form

I understand Absolute Chiropractic + Wellness will be taking photos and/or videos during office hours and special events and my name, likeness, image, and/or voice may be recorded or captured in a photo and may then be posted online.

- I grant Absolute Chiropractic + Wellness the right to use the pictures/videos without limitation. As well as the right to edit mix or duplicate and use or re-use the photos or video in whole or in parts as needed.
- I grant Absolute Chiropractic + Wellness the right to broadcast, exhibit, market and otherwise distribute, for any purpose Absolute Chiropractic + Wellness may determine. This grant includes the right to use it for promoting or publicizing.

Print name: _____

Signature: _____ Date: _____

If under the age of 18, legal guardian must sign below. I certify that I am the legal guardian of named above. I give my consent to the foregoing on his or her behalf.

Print name: _____

Signature: _____ Date: _____