BreakThrough Physical Therapy General Photo/Video Release

I hereby authorize BreakThrough Physical Therapy (BTPT) hereafter referred to as "Company," to publish photographs/video taken of me on (insert month, date and year), and my name and likeness, for use in the Company print, online and video-based marketing materials and educational videos, as well as other Company publications.

I hereby release and hold harmless BTPT from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/videos or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos/videos confers no rights of ownership or royalties whatsoever.

I hereby release Company, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name:			
Signature:		_ Date:	
Street Address:			
City:	State:	Zip:	