



## PHOTO/VIDEO RELEASE FORM

Without expectation of compensation or other remuneration, now or in the future, I, \_\_\_\_\_ give my consent to Genuine Rehabilitation and Wellness to use my image and likeness and/or interview statements from me in its publications, advertising, or other media activities (including the Internet). This consent includes, but is not limited to:

- (a) Permission to interview, photograph, tape or otherwise make a video reproduction of patients and/or record their voice;
- (b) Permission to use their first name; and
- (c) Permission to use quotes from interview(s), videos, photograph(s), or reproduction(s) of patients and/or recording of their voice, in part or in whole, in its publications, other print media, social media, and/or in mailings for educational and awareness purposes.

I do not wish to have my photograph released

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address, City, State, Zip

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### RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_, hereby grant permission to Genuine Rehabilitation and Wellness to take and use: success stories, photographs, video, and/or digital images of **my child** for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I authorize the use of these images without compensation to me now or in the future.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address, City, State, Zip