

# PHOTO RELEASE FORM

I, CLIENT (the “Releasor”) grant permission and consent to of MOMENTUM PHYSICAL THERAPY (the “Releasee”) for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content:

Description: Photos of physical therapy, around office, success stories, etc.

## Payment

I understand that there shall be no payment for this release.

## Royalties

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

## Revocation

I understand that with my authorization below the photograph(s) may never be revoked.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

**Releasor’s Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
CLIENT

**Releasee’s Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
of MOMENTUM PHYSICAL THERAPY