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## Photo/Testimonial Release Form

### Permission to Use Photograph and/or Testimonial

Location: \_\_\_\_\_

I grant Own Your Health Physiotherapy, its representatives and employees the right to take photographs of me and my property. I authorize Own Your Health Physiotherapy, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Own Your Health Physiotherapy may use such photograph(s) and testimonial(s) of me/mine with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**By signing below, I acknowledge agreement with the above policies, having read and understood them.**

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian signature (if applicable): \_\_\_\_\_

**OWN YOUR HEALTH**  
PHYSIOTHERAPY

