



PHOTOGRAPHY RELEASE FORM

I _____ hereby give Conejo Valley Physical Therapy at 90 E. Thousand Oaks Blvd Suite 200, the absolute and irrevocable right to take and permission to use photographs of me, or in which I may be included with others.

a.) To copyright the same in said organizations own name or any name that they may choose

b.) Restrictions: No facial photographs _____ Other _____

I hereby release and discharge Conejo Valley Physical Therapy from any and all claims and demands arising out of or in conjunction with the use of photographs, including cut or not limited to any and all claims of libel, invasion of privacy, etc.

This authorization and release shall also ensure to the benefit of the legal representatives, licenses and assigns of the Conejo Valley Physical Therapy.

I am over the age of eighteen, have read the foregoing and fully understand the content's thereof.

Adult Release

Minor Release

(Subject's Name)

(Minor's Name)

(Signature)

(Signature of Parent or Guardian)

(Relationship to Subject)

(Witness)

(Date)