

Photo Release

I grant _____ and its employees the right to take photographs of me with connection to the promotion of chiropractic via websites, social media, and any other avenues.

I agree that _____ may use such photographs of me and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

Please initial the statement below that is applicable:

____ I am 18 years of age or older. I fully understand the contents, meaning, and impact of this release.

____ I am the parent or legal guardian of the below named minor. I fully understand the contents, meaning, and impact of this release.

Signature: _____ Date: _____

Guardian Signature (for minor): _____ Relationship: _____

Name: _____