



PHOTO AND VIDEO *Release form*

I, _____, hereby grant and authorize **GETZIK FAMILY CHIROPRACTIC** the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures, videos and/or audio taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, press kits, websites, social media sites and other print and digital communications, without payment or any other consideration.

This authorization shall continue indefinitely and extends to all languages, media, formats and markets now known or later discovered.

I waive any rights to royalties or other compensation arising or related to the use of the photograph recording.

I understand and agree that these materials shall become the property of the **GETZIK FAMILY CHIROPRACTIC** and will not be returned.

I hereby hold harmless and release **GETZIK FAMILY CHIROPRACTIC** from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

By signing below, I hereby acknowledge that
understand the above release agreement.

I have completely read and fully

Client Signature over
printed name

Date Signed