



Austin Manual Therapy

A S S O C I A T E S

Physical therapy that's far from ordinary yet close to home.

Multimedia Consent and Release

I do hereby acknowledge, give consent, and agree that **Austin Manual Therapy Associates**, its employees, or agents have the right to take photographs, video recordings, or digital recordings of myself. They may use these in any and all media, now or hereafter known for the purpose of marketing.

I do hereby release to **Austin Manual Therapy Associates**, its agents, and employees all rights to exhibit this work in print and electronic form publicly, or privately, and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity, or likeness, in whatever media used.

I understand that there will be no financial, or other remuneration, for recording me, either for initial, or subsequent transmission or playback.

I represent that I have read and understand the foregoing statement and am competent to execute this agreement. Patients under the age of 18 must have a parent or legal guardian signature.

Patient/Legal Representative Signature

Date

Relationship to Patient

Patient Name