

FIT FOR LIFE CHIROPRACTIC PHOTO RELEASE

I grant Fit for Life Chiropractic 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 Fit for Life Chiropractic may use such photographs of me and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

I am at least 18 years of age and have read and understand the above:

Signature _____

Printed name _____

If under 18 years of age the legal guardian or parent has read and understands the above:

Signature _____

Printed name _____