



CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE) FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to the Center for Physical Therapy Services, Inc. to take and use images (photographs or videotape) or sounds recordings of me and to disclose information about me to or in any public media, including radio, television, internet or print. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of the Center for Physical Therapy Services, Inc. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of the Center for Physical Therapy Services, Inc. and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to the Center for Physical Therapy Services, Inc. from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge the Center for Physical Therapy Services, Inc. (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying the Center for Physical Therapy Services, Inc in writing at: 1650 East Walnut Street, Pasadena, California 91106-1619.

Name (please print) _____

Signature _____

Date _____

If just want to include a small paragraph in Admission Consent form:

Media Release: I hereby authorize the agency to use of images (photograph and videotape) and sound recordings of me to be used for advertising such as printed, publications, website, and/or social media. I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of the agency and without any expectation of compensation or other benefit to me.