TESTIMONIAL RELEASE FORM

HFC
HILL FAMILY
CHIROPRACTIC
STRONGER. HEALTHIER. HAPPIER.

PATIENT TESTIMONIAL

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HOW CAN HFC SHARE YOUR TESTIMONIAL?

Please indicate your preferences below.

PHOTO
❑ **YES** ❑ **NO**

VIDEO TESTIMONY
❑ **YES** ❑ **NO**

SOCIAL MEDIA
❑ **YES** ❑ **NO**

PATIENT OF MONTH
❑ **YES** ❑ **NO**

Authorization and Release Information

I understand my testimonial as outline above or in the video recorded of me (the "Testimonial") and made on behalf of Hill Family Chiropractic (herinafter call "The Business") may be used in connection with publicizing and promoting The Business. I authorize The Business to use my name, brief biographical information, and the Testimonial as defined on this form or by me in this video, as well as any photographs of me.

I hereby irrevocably authorize The Business to copy, exhibit, publish or distribute pictures, video and/or the Testimonial for purposes of publicizing The Business' programs or for any other lawful purpose. These statements, photos, or videos may be used in printed publications, multimedia presentations, or websites or in any other distribution media. I agree that I will make no monetary or other claim again The Business for the use of the statement, testimonials, video or pictorial representations of me.

In addition, I waive any right to inspect or approve the finished product, including written copy or edited video wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Business fro all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or many have by reason of this authorization.

I have read the authorization and realease information and give my consent for the use as indicated above.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

FOR OFFICE USE ONLY
DATE PUBLISHED: _____