



Testimonial/Photo Release

I, _____, HEREBY GIVE **(CLINIC NAME)** THE
RIGHT TO PUBLISH, PRINT, OR REPRODUCE, IN WHOLE OR IN
PART, MY NAME, CITY OF RESIDENCE, OCCUPATION,
TESTIMONIAL, STORY, AND MY PHOTOS, FOR BUSINESS
(COMMERCIAL) OR EDUCATIONAL PURPOSES. THIS MAY
INCLUDE, BUT IS NOT LIMITED TO, NEWSLETTERS, SEMINARS,
BOOKS, PUBLIC RELATIONS CAMPAIGNS, ADVERTISEMENTS, AND
THE INTERNET. I UNDERSTAND THAT I WILL NOT, NOW OR IN THE
FUTURE, BE PAID A ROYALTY FOR ANY OF THESE USES. THE
TESTIMONIAL HEREIN IS A TRUE AND FACTUAL
REPRESENTATION, WHICH I HAVE READ AND UNDERSTOOD. I
UNDERSTAND THAT THE COPYRIGHT TO THE WRITTEN
TESTIMONIAL WILL BE THE PROPERTY OF **(CLINIC NAME)**.

Patient Signature: _____ Date: _____