**Your Company Name Here**

# CONSENT AND RELEASE

I, hereby irrevocably and perpetually grant to **Your Company Name Here**

its subsidiaries, affiliates, successors, and assigns:

The right to photograph, videotape and record my name, voice, appearance, likeness, and/or written testimony along with any material furnished by me, in whole or in part, in any of Company Name books, program materials, marketing materials and programs.

The right to use my testimonial information, health statistics, and other written, oral and video submissions in any fashion Company Name uses, in its discretion.

The right to publish, exhibit and distribute the use of my name, voice, appearance, testimonial and/or likeness along with any material furnished by me, in whole or in part, worldwide, for any commercial purpose, including but not limited to the advertising or solicitation of business, by any means of mass and/or electronic media, including but not limited to print, radio, television and promotional materials, events and/or marketing plans.

I understand Company Name is relying on this authorization and Release by interviewing, describing symptoms, problems, physical and emotional issues – and photographing, taping, or recording my appearance and that my authorization and this Release is irrevocable and may not be withdrawn. I waive any right to inspect any materials of any time prior to release, use or publication, and, on behalf of my heirs, executors, and assigns, I waive any claims that I may have against Company Name, its representatives, its publisher, and their licensees, successors, and assigns, based upon such use, including without limitation any claims with respect to defamation, rights of privacy and publicity and copyright.

I hereby acknowledge that I have not been paid or otherwise compensated, and I further certify that all material, whether verbal, written or exhibited by me has not been scripted and represents my individual opinions and beliefs, and is true and correct to the best of my knowledge.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**