

ALLIANCE PHYSICAL THERAPY

PHOTO/VIDEO RELEASE FORM

At times, we take photos and videos in the studio, usually, for home exercise programs or home care instructions. We prefer to take them on your cell phone so you have them with you but sometimes we email or text them with instructions attached. The decision to do this is mutual if you feel it will be beneficial to your care. This notice is to let you know that you may be in the background, inadvertently, of photos or videos by someone in the clinic and likewise your image will be used for your own photo or video. Signature on this form is permission to be in photos in the clinic for the purposes of your home exercise programs and acknowledgement that you might be in the background of photos or video footage from time to time.

Name: _____ Date: _____

Signature: _____