

Ullucci Sports Medicine & Physical Therapy, Inc.

I, _____, hereby authorize the release of my **Photograph, Video or Both,**
(print name here) (Please circle photo, Video or Both if both were taken)
taken on _____, to Ullucci Sports Medicine and Physical Therapy, Inc.
(Date photo and/or Video taken)

It may be used for educational or promotional purposes by Ullucci Sports Medicine & Physical Therapy, Inc. including all forms of media and electronic communications. These include radio, television, internet, and educational presentations. I understand that I will not be reimbursed for the use of the pictures and/or videos now or in the future.

I hereby allow use of my photo and/or video for the following:
(Please check in box for permission)

- USMPT Internet Services (i.e. Website, YouTube or Blog)
 Educational Purposes Presentations

Participant's signature & today's date

If subject is under 18 years old

I, _____, hereby authorize the release of my child's **Photograph, Video or Both,**
(print name here) (Please circle photo, Video or Both if both were taken)

Taken of my son/daughter _____ taken on _____, to Ullucci Sports Medicine and Physical
Therapy, Inc. (print name here) (date photo taken)

It may be used for educational or promotional purposes by Ullucci Sports Medicine & Physical Therapy, Inc. including all forms of media and electronic communications. These include radio, television, internet, and educational presentations. I understand that I will not be reimbursed for the use of the pictures and/or videos now or in the future.

I hereby allow use of photo and/or video for the following:
(Please check in box for permission)

- USMPT Internet Services (i.e. Website, YouTube or Blog)
 Educational Purposes Presentations

Parent/guardian signature & today's date

Witness (USMPT staff member)