



Yes! Physical Therapy LLC

*Feel Better Be Better – Get to Yes!*

<https://www.yespt.biz>

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## Photo/Video Consent and Release Form

From time to time it may be useful to have your image, video or images from a medical study such as an MRI, CT scan, Xray etc. available as a teaching tool for your own physical therapy treatment. Additionally, *Yes! PT* may occasionally use your image/video in a presentation to professional groups or conferences. In any public use of your image/video, *Yes! PT* will attempt to de-identify the image/video to protect your privacy.

I hereby consent to be interviewed, recorded, photographed, videotaped or filmed by representatives of *Yes! Physical Therapy LLC*, for purposes of publication, display or broadcast (print, web, digital display and all other forms of media).

I agree that such interviews, recordings, articles, quotes, photographs, films, audio or video and/or any reproductions of same in any form, are the property of *Yes! Physical Therapy LLC*, and I relinquish any present or future claim for reimbursement for said photographic or film reproduction of my likeness or for said testimonials by me.

I hereby release the *Yes! Physical Therapy LLC*, its affiliates, employees, representatives and agents from any and all claims, demands, costs and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being interviewed, recorded, photographed, videotaped or filmed.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

\*Parent or Legal Guardian name (print):

\_\_\_\_\_  
\*Parent or Legal Guardian signature:

Witness: \_\_\_\_\_

\*Parent or Legal Guardian name and signature required for individuals under age 18