

**Corning Family Chiropractic Testimony/Photo
Authorization and Release Form**

I understand my testimony and photographs may be used in connection with publicizing and promoting Corning Family Chiropractic, PC.

I grant Corning Family Chiropractic, PC, its representatives, and employees the right to use my name, photograph, brief biographical information, and testimonials in various marketing initiatives. I understand that this information may be used in various mediums for such purposes as publicity, illustration, advertising, and Web content.

I authorize Corning Family Chiropractic, PC to copyright, use and publish these materials in both print and electronic formats for purposes of publicity.

In addition, I waive any right to inspect or approve the finished product wherein my likeness or my testimony appears. I agree that I will make no monetary or other claim against Corning Family Chiropractic, PC for the use of my name, photograph, brief biographical information and testimonial.

I have read, understand, and agree to the above.

Client Printed Name

Client or Guardian Signature

Date