



Media Release Form

Permission to Use Media

I grant to Summit Physical Therapy, Inc, its representatives, and employees the right to take photographs/videos/audio of me and my property in connection with my physical therapy treatment. I authorize Summit Physical Therapy, Inc, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Summit Physical Therapy, Inc may use such media of me, with or without my name, and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____

(if under age 18)