

# Advanced Chiropractic Health Center

360 E Irving Park Rd, Roselle, IL

## Written and/or Video Testimonial and Photo Release Form

Date \_\_\_\_\_

Written Testimonial Statement and/or Inventory of Testimonial Materials (for those only participating in a written testimonial):

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### Authorization and Release Information

I understand my testimonial as outlined above or in the video recorded of me (the "Testimonial") and made on behalf of **Advanced Chiropractic Health Center** (hereinafter called "The Business") may be used in connection with publicizing and promoting The Business. I authorize The Business to use my name, brief biographical information, and the Testimonial as defined on this form or by me in this video, as well as any photographs of me.

I hereby irrevocably authorize The Business to copy, exhibit, publish or distribute pictures, video and/or the Testimonial for purposes of publicizing The Business' programs or for any other lawful purpose. These statements, photos or videos may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Business for the use of the statement, testimonials, video or pictorial representations of me.

In addition, I waive any right to inspect or approve the finished product, including written copy or edited video wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Business from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

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**I have read the authorization and release information and give my consent for the use as indicated above.**

Printed Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_