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I, (print name) \_\_\_\_\_, hereby grant permission to Eclipse Physical Therapy and Sports Performance representatives, to take and use: photographs, video, and/or digital images of me for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Eclipse PTSP.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of adult subject)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

**RELEASE FOR MINOR CHILDREN (Under 18)**

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ hereby grant permission to Eclipse Physical Therapy and Sports Performance representatives, to take and use: photographs, video, and/or digital images of my child for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Eclipse PTSP.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)