



Testimonial & Photograph Authorization Form

I _____ hereby give my permission for Transformation Chiropractic & Wellness Center LLC to utilize my likeness and written testimonial along with any other personal items supplied as a part of my participation in giving testimonial as part of the company's educational websites and other publicity and educational materials. This includes but is not limited to patient shadowboxes, testimonial flyers, brochures, office boards / displays, kid's board, e-mail newsletters, blog postings and website. Websites include www.transformationchiropractic.com and www.youtube.com/livetransformed.

I understand and give my consent to Transformation Chiropractic & Wellness Center LLC to make any revisions necessary to my written testimonial for grammar or clarity as long as the original content and intent remains intact.

Furthermore, I certify that I have freely given my photograph to Transformation Chiropractic & Wellness Center LLC and have not been paid or compensated in any way for my participation nor have I been coerced nor obligated in any way to participate in this campaign by any doctor, staff member or affiliate of Transformation Chiropractic & Wellness Center LLC.

Choosing to sign or decline any portion of this release form will not affect your care in the office and you will not be disadvantaged by this office or our staff in any manner whatsoever. The patient, parent or legal guardian has the right to revoke this authorization at any time by submitting a written statement to The Privacy Officer of Transformation Chiropractic & Wellness Center LLC.

Print Name: _____

Signature: _____ Date: _____
(Patient releasing testimonial)

Signature: _____ Date: _____
(Parent or Legal Guardian)