



# RAPHA PHYSICAL THERAPY RELEASE FORM

I hereby authorize the Rapha Physical Therapy Institute to use the photographs and videos taken of myself and/or of my minor child during the therapy/exercise sessions and any other activities or functions at Rapha Physical Therapy Institute for educational, informational and promotional materials such as printed materials and websites.

Inclusion in the website and print material is strictly voluntary and not paid for, endorsed, or compensated in any way.

In signing this document, I hereby affirm that I have read and fully understand the above statements.

Parent or Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature (If over 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

Signer's printed Name:

\_\_\_\_\_