

OPTIONAL RELEASE OF TESTIMONIAL DISTRIBUTION RIGHTS

Revision 2.0, Nov 17, 2015

Intent: With your permission only, we may ask you for a written or video testimonial about the results of your treatment for use on our website. It would be a few paragraphs about your symptoms before treatment, and how you feel after treatment. Or we may ask you to do a video after treatment recorded specifically about the results of treatment. This is to either 1) help others who have a similar problem to feel that this might be appropriate for them also, or 2) to help others realize what we offer does not fit their situation. If you are not willing to do this, do not fill out this form. If you are willing to do this, please fill out the form below. If you are willing to do so, but want to keep your name private, just indicate this below in the appropriate box.

I, _____

located at the address, _____

do agree to release any rights to the testimonial material video, sound recording, or written material. If I do not want my name used, but am still willing to have the video or written testimonial used on our website, I indicate this here:

- ☐ I am willing to have my testimonial used with my real name; or
- ☐ I am willing to have my testimonial used but do not use my name.

Signed: _____

Witness: _____

Print witness name: _____