



# Prime Physical Therapy

## Patient Testimonial Release Form

Date \_\_\_\_\_

Testimonial Statement:

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### Authorization and Release of Testimonial Information

I understand my testimonial as outlined above (the “Testimonial”) and made on behalf of Prime Physical Therapy may be used in connection with publicizing and promoting Prime Physical Therapy. I authorize Prime Physical Therapy to use my name and the Testimonial as defined on this form.

I hereby irrevocably authorize Prime Physical Therapy to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Prime Physical Therapy’s services or for any other lawful purpose. These statements 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 Prime Physical Therapy for the use of the statement.

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

I hereby hold harmless and release Prime Physical Therapy 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.

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

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

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