RELEASE FORM

By signing this release form, I authorize the American Academy of Physical Medicine and Rehabilitation (AAPM&R) to use the following personal information:

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(2) My voice— including sound and video recordings.

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I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for the American Academy of Physical Medicine and Rehabilitation's (AAPM&R’s) use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.
I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this ____ day of ____________, 2016.

Print Name:

Telephone Number:

Address:

City/State/Zip:

Signature:

(If release is provided on behalf of a minor:)

I hereby certify that I am the parent or guardian of ________________________, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Parent/Guardian:

Telephone Number:

Address:

City/State/Zip:

Signature:

Witness:

Telephone Number:

Address:

City/State/Zip:

Signature: