



AUDIO, PHOTO & VIDEO Release Form

RELEASE AND LICENSE AGREEMENT

I, the undersigned, hereby give my consent to **KOH PHYSICAL THERAPY, INC. /KOH Education** the absolute, unrestricted and irrevocable right and permission to take my photography, reproduce, distribute and display my image, likeness, name and any other identifying characteristics, solely for **KOH PHYSICAL THERAPY, INC. /KOH Education** purposes. I understand that there is no compensation for the use of the audio, photos, and/or videos of me.

This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I hereby authorize **KOH PHYSICAL THERAPY, INC. /KOH Education** to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Program for the sole purpose of advancing **KOH PHYSICAL THERAPY, INC. /KOH Education** programs.

I expressly release **KOH PHYSICAL THERAPY, INC. /KOH Education.** from any and all claims whatsoever in connection with the use and reproduction of my image, voice, likeness, name or any other identifying characteristics in the above mentioned materials.

I hereby warrant that I have read this release and license and the terms thereof prior to its execution and that I am fully familiar with and understand the contents hereof. I am over eighteen years of age.

Print Name

Signature (Legal Guardian if under 18 years of age)

Date