



MEDIA RELEASE & PREFERENCES

Effective on the date below, _____, (the Photographed Party) grants approval for past use and permission for present and future use, to use photographs, video, testimonials and other forms of their words and/or image as is fully explained in this release. The Photographed Party is an adult and is fully authorized to sign this release or to have a legal guardian sign on their behalf.

The Photographed Party hereby grants consent to LaunchSP, its agents, contracted photographers/videographers, employees, licenses and successors in interest (collectively, the Released Party) and authorizes the use of any and all photographs or videos taken of him or her, and any reproduction of them in any form in any media whatsoever and in any derivative work based thereon throughout the world, and to use them to publicize, promote and advertise.

The Photographed Party also consents to the use of his or her own name, or any fictitious name, which may be chosen in connection with the aforesaid photographs.

The Photographed party hereby releases any and all claim whatsoever in connection with the use of his or her photograph and name and the reproduction thereof as foresaid, including the Released Parties right to grant permissions to Third Parties.

The Photographed Party hereby waives any right that he or she may have to inspect and/or approve the image, or derivative works that may be used in connection therewith or the use to which it may be applied.

The Photographed Party hereby attests that they are under no other contractually binding agreement that would prevent them releasing their name and likeness. If The Photographed Party enters into such an agreement in the future with a Third Party, it is their sole responsibility to inform The Released Party of that new agreement via the "Media Release Termination Agreement". The Photographed Party acknowledges that The Released Party bears no responsibility to retroactively remove their name and likeness whatsoever, even if it is discovered a previous agreement with a Third Party was already signed.

The Photographed Party has the right to terminate this agreement via notification of the "Media Release Termination Agreement" which would override this document in future instances. The Photographed Party acknowledges that this Release covers all instances before signing a "Media Release Termination Agreement" and that The Released Party bears no responsibility to retroactively remove their name and likeness whatsoever.

The Photographed Party acknowledges that, in an effort of goodwill, The Released Party will request their preferences regarding the use of their name, words and likeness, however the aforementioned clauses in this release supersedes any preferences.

_____ I do NOT wish to be photographed

_____ I have read Launch's Policies and agree to its terms. Complete and sign the reverse side of this agreement. (If under 18, a legal guardian's signature is required.)

MEDIA USAGE PREFERENCES

As a respected client at LaunchSP, we will always try to adhere to your preferences about how your name, likeness and story will be used in our advertising and media. You may always write “opt out” if you would prefer for us not to release certain information.

1. Name as you would want it to appear in publications. Example: John Smith, John S. or John

2. If we use this image on social media, please list any accounts and the handles you would like to be tagged.

3. May we contact you about giving a testimonial about your experience? Yes ___ No ___

4. Would you be willing to speak to a third party (such as a reporter doing a story about LaunchSP) about your experience at Launch? Yes ___ No ___

5. If allowed by your company, sport team, or school, please list how your company, sport team, or school should appear in publications and your role within that organization.

6. If you have any other preferences about how your words and likeness are used for LaunchSP advertising purposes, please list those preferences below.

Signature

Printed Name

Date

Email

Phone Number

If the agreement is for a minor, their legal guardian should sign below:

Signature of Legal Guardian

Printed Name of Legal Guardian

Date

Email

Phone Number

Special Note: if you are seeing Physical Therapy treatment at LaunchSP by one of our doctors, your medical information is regarded as confidential and private. Under no circumstances will we release that information without your explicit consent. If your treatment is prudent to your testimonial story, you will need to fill out the “HIPAA Privacy Authorization Form (Media)” form in which you may detail what information you consent to release.