



RELEASE FORM

photo & video

I, _____ grant and authorize Infinite Health Care, PLLC the right to take, edit, alter, use and publish photographs and/or videos of me for the purpose of promotional materials, including but not limited to:

- Print advertisements
- Online marketing (websites, social media, blogs)
- Educational materials (brochures, flyers, presentations)

I acknowledge that all photographs and/or videos taken are the property of Infinite Health Care, PLLC., and will be used solely for the purposes stated above.

I understand that by signing this release form, I grant Infinite Health Care, PLLC., permission to take, edit, alter, use and publish my photographs and/or videos without any further compensation or consideration. I waive any rights to compensation, financial or otherwise, for the use of these photographs and/or videos.

I release Infinite Health Care, PLLC., its representatives, and employees from any claims, damages or liabilities that may arise from the use of the photographs and/or videos, including any claims for compensation, defamation, or invasion of privacy.

By signing below, I acknowledge that I have read this release form, understand its content, and voluntarily agree to its terms.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider Name (printed)	Provider Name (signed)	Date