



### Unlimited Personal Photo/Film/Video/Testimonial Release

Patient Name: \_\_\_\_\_

O&P Practitioner/PT: \_\_\_\_\_

Phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

I grant to Bio-Mechanical Composites Inc., licensees and successors, with respect to video/film/photographic/digital images and audio recordings taken of me/my child, the right to use my image/likeness and/or name in all forms and media including composite or modified representations for all purposes, including publicity, advertising, trade or any commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images' also give my full and complete permission, without compensation or limitation to Bio-Mechanical Composites Inc. to take, record, publish, display or obtain testimonials or other statements from me in any media, by any means, methods including, but not limited to: advertising, marketing and promotional materials.

I understand and agree that the Statements may be used, reproduced, re-used, altered, modified, edited or changed with or without identifying me and my affiliation.

I hereby release and discharge Bio-Mechanical Composites Inc. from any and all claims and demands arising out of or in connection with the use of above-referenced images and/or audio recordings.

This authorization and release shall also ensure to the benefit of the legal representatives, advertising agencies, media outlets, subcontractors, licensees, assigns and nominees of Bio-Mechanical Composites, Inc. I further relinquish all rights to use any of the above-referenced images or audio recordings for my own purposes.

I have read and understand this agreement and I am over the age of 18 OR I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian Signature if minor)

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