

Social Media Consent/Release Form

I hereby grant The Back Alley Chiropractic & Massage permission to take my image(s), and to publish my image for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity.

By signing and dating this document I authorize The Back Alley Chiropractic & Massage to edit, alter, share, remix, tweak, build upon or in any way alter the image(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my image(s) and name(s) for the personal or commercial purposes outlined above.

I prefer that: My complete name be used My first name only be used

I prefer the following image be taken: Photograph(s) Video

I understand that I can revoke this release at any time in writing and that the use of any of my image(s) and name(s) authorized by this release will immediately cease.

Please print or type:

Name: _____

Address, City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____

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