# A close up of a sign Description generated with high confidence

# Photo/Video Release Form for Adults

The Pennsylvania Physical Therapy Association (PPTA) has my permission to use my photography or videography publicly in promotions and within on-site displays. I understand that the images and videos may be used in print publications, online publications, presentations, websites, social media and general display. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ish my or my childy we will send you the hand outs and can catch up over the phone/e-mail about advocacy efforts.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_