

Patient Testimonial

We invite you to write about your experience with OrthoWashington below.



Please use the back of this form if you need more room.

Authorization and Release

I understand my testimonial as outlined in the statements above and/or in the photo/drawing/video recorded of me ("The Testimonial") and made by myself may be used to publicize and promote OrthoWashington ("The Business"). I authorize The Business to use my name, likeness, brief biological information and The Testimonial as defined on this form or by me in this document.

I hereby irrevocably authorized The Business to copy, exhibit, publish, or distribute The Testimonial for purposes of publicizing The Business' programs or for any other lawful purpose. The Testimonial may be used in print publications, multimedia presentations, websites, or in any other distribution media. I agree I will make no monetary or other claim against The Business for the use of The Testimonial. In addition, I waive any right to inspect or approve the finish product, including written copy or edited video wherein The Testimonial appears.

I hereby hold harmless and release The Business from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may have, by reason of this authorization.

I have read the authorization and release information and give my consent for use as indicated above.

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Signature:

Date:

Email:

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