



MOVEMENTX

Patient Testimonial, Video, Photo, Audio Release Consent Form

Consent to Release

We love sharing the success stories behind the people we serve. By signing this form, you hereby consent to allow MovementX to use and disclose written, audio, photo and/or video content and understand they may be used as part of public relation or marketing efforts.

1. I understand and agree that MovementX will not pay or provide compensation of any kind for the use of the content.
2. I understand and agree that by signing this authorization form I am waiving my rights to the content and that such content will become owned by MovementX.
3. I authorize MovementX to use my name and success story in conjunction with the content.
4. I understand that once the content is released, it will not be subject to any privacy protections.
5. I hereby release MovementX from any and all claims for damages of any kind based on the use of this content.

Right to Revoke

You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to info@movement-x.com. Please understand that revocation of this release will not affect any action MovementX took in reliance on this release before receiving your revocation.

By signing below I agree and acknowledge that I have read and understood the above Release and agree to all terms described.

Signature: _____

Date: ____/____/____