



## PHOTO & FILM RELEASE

Thank you for attending the Peirsman CranioSacral Academy. Throughout your time here, members of the Peirsman CranioSacral Academy will be filming and taking photographs for historical and marketing purposes. Please sign this photo and film release waiver, giving your permission to be filmed and/or photographed. *If you do not wish to be filmed or photographed, please let us know so we may identify you accordingly. Thank you!*

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

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For good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_, hereby grant the Peirsman CranioSacral Academy to use my likeness in photograph(s) in any and all of its publications, including but not limited to all of the Peirsman CranioSacral Academy's printed and digital publications. I understand and agree that any photograph using my likeness will become the property of the Peirsman CranioSacral Academy and will not be returned.

I acknowledge that since my participation with the Peirsman CranioSacral Academy is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize the Peirsman CranioSacral Academy to edit, alter, copy, exhibit, publish, or distribute photos, images, or film footage, for purposes of publicizing the Peirsman CranioSacral Academy's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including a written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Peirsman CranioSacral Academy 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 have or may have by reason of this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_