Imagery Usage Permission

Subject Name (Printed): _____

I grant to PhysiCore, its representatives, partners and employees the right to take photographs and/or video of Subject and Subject property in connection with the above-identified individual. I authorize PhysiCore, its assigns and transferees to copyright, use and publish the same in print and/or electronically, for repurposing design and in perpetuity, without form of compensation.

Please initial & date ONE of the options below:

☐ **Option 1:** I agree that PhysiCore may use such images with or without Subject's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, public relations, and web content. _____ _____
Initial Date

☐ **Option 2:** I agree that PhysiCore may use such images without Subject's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, public relations, and web content. _____ _____
Initial Date

☐ **Option 3:** I disallow PhysiCore to use such images of Subject for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, public relations, and web content, without obscuring the visual recognition of Subject. _____ _____
Initial Date

I have read and understand the above:

_____ _____
Signature, parent or guardian (if under age 18) Date

_____
Printed Name

_____
Street Address

_____ _____ _____
City State Zip

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