

**NEUROLOGIC THERAPY SPECIALISTS, LLC  
dba TOUCHSTONE REHABILITATION**

**PHOTO AND VIDEOTAPE RELEASE FORM**

I, the undersigned, hereby consent without further consideration or compensation, to give Neurologic Therapy Specialists, LLC; dba Touchstone Rehabilitation the absolute right and permission to use my photograph or video in its promotional materials and publicity efforts.

I hereby grant permission to Neurologic Therapy Specialists, LLC to crop, screen or alter the photograph or video as necessary for use on materials produced by and on behalf of Neurologic Therapy Specialists, LLC. I understand that these images may be used alone or in conjunction with other photographs, still or moving, sketches, advertising and publication in any manner and in any medium whatsoever without limitation or reservation.

I release all claims against Neurologic Therapy Specialists, LLC ; dba Touchstone Rehabilitation, their employees, agents and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

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Client name

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Client signature (I am 18 years of age or older)

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Guardian signature if under 18

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