

# Atlas Chiropractic Photo Release

I grant Atlas Chiropractic and its employees the right to take photographs of me with connection to the promotion of chiropractic via websites, social media, and any other avenues. I agree that Atlas Chiropractic may use such photographs of me and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

I am at least 18 years of age and have read and understand the above:

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

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

If under 18 years of age the legal guardian or parent has read and understands the above:

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

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