



## Client Testimony/Photo Authorization and Release Form

I understand my testimony, made on behalf of \_\_\_\_\_, may be used in connection with publicizing and promoting \_\_\_\_\_. I authorize \_\_\_\_\_ to use my name, photograph, brief biographical information and testimonial.

I grant \_\_\_\_\_, its representatives and employees the right to use my name, photograph, brief biographical information and the testimonial in various marketing initiatives. I understand that this information may be used in various mediums for such purposes as publicity, illustration, advertising and Web content. I authorize \_\_\_\_\_ to copyright, use and publish these materials in both print and electronic formats for purposes of publicizing \_\_\_\_\_.

In addition, I waive any right to inspect or approve the finished product wherein my likeness or my testimony appears. I agree that I will make no monetary or other claim against \_\_\_\_\_ for the use of my name, photograph, brief biographical information and testimonial.

I have read, understand and agree to the above.

\_\_\_\_\_  
*Client Testimonial Provider Printed Name*

\_\_\_\_\_  
*Client Testimonial Provider Signature*

\_\_\_\_\_  
*Date*