



**New Hampshire
Musculoskeletal Institute**
ADVANCING KNOWLEDGE. ADVANCING CARE.

James C. Vailas, MD
President

Laura C. Decoster, ATC
Executive Director

Release Form for Use of Photograph/Videotape

Please print:

Name: _____

Name of parent or guardian if appropriate: _____

I hereby give my permission to the New Hampshire Musculoskeletal Institute to use any photos or videotape material taken of myself (or my child/charge). I understand the photos or video material may be used online (NHMI web page or social media) or in marketing materials. I may at any time withdraw permission for photos or video footage of me to be used.

Signature: _____ Date: _____