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**Photography Release**

I hereby authorize the Center for Exercise Medicine and Rehabilitation, hereafter referred to as CEMR, to publish photographs taken of me for use in the print, online, and video-based marketing materials, as well as other CEMR publications.

I hereby release and hold harmless from any reasonable expectation of privacy or confidentiality with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in CEMR marketing materials or other CEMR publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Center for Exercise Medicine and Rehabilitation, its contractors, its employees. And any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

**I have read and understand this policy. I hereby agree with this policy with my signature below.**

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Patient/Parent Name

Signature

Date

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**Thank you for your continued support of VSU and the Center for Exercise Medicine and Rehabilitation!**