



Powell Chiropractic Health Center has my permission to use digital image/video of myself. With the understanding that it can be used in office, social media & website.

Please read and consent with your initials below

Video \_\_\_\_\_

Photograph \_\_\_\_\_

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

If anytime you choose to revoke this permission, please sign below.

I revoke the use of my image with Powell Chiropractic Health Center

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