



## PHOTO RELEASE FORM

I, \_\_\_\_\_, hereby grant permission to New Dimensions Physical Therapy under the authorization of Rebecca Kern Steiner, PT, OCS, Director of New Dimensions Physical Therapy, to take physical therapy related photographs and/or videos on this date: \_\_\_\_\_.

I understand that the photographs(s) are limited to use in one or more of the following forms, for reasons specific to furthering clinical education and research as well as patient care.

- Course materials designed for continuing education of medical professionals with an interest in identifying/treating asymmetry of the trunk and face through both form and function.
- Various publications seeking to educate individuals in the science of physical therapy.
- Media formats (slides, power point presentations, etc.) specific for purposes of educating groups of medical professionals simultaneously with specific narration of clinical relevance.
- Exercise handouts designed for guidance of home exercise programs to be distributed for patient use.
- New Dimensions Physical Therapy web site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date