



# Bodies In Motion Physical Therapy

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## Consent to Photograph

I hereby consent to have photographs taken of me by Bodies In Motion Physical Therapy or their agents for the purposes of marketing, social media, and education. The photographs may be used in marketing materials, on the company website, and/or Social Media and/or other marketing media. The photographs may also be used for educational purposes for teaching physical therapists and other health care professionals as well as for health and fitness related community education.

Patients and clients will be identified by first name only if names are used in any of the marketing, social media or educational media. Information such as age, activity or sport, and diagnosis may also be used along with the photograph in the materials.

The photographs will not be given or sold to any other health care provider or vendor.

I have had the opportunity to ask questions regarding the purposes of the photographs and willingly consent to having photographs taken.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian for Minor

\_\_\_\_\_  
Date