General Release Form

I, _____ hereby grant to Love To Hear Again Audiology the right and permission to use my image to be posted on Facebook and/or Love To Hear Again Audiology's website as a testimonial broadcast. This includes video, still images, and voice.

I hereby release and discharge the producer from any and all claims and demands arising out of or in connection with the use of the images and my first name, likeness, and identity including without limitation any and all claims for libel, privacy, or publicity.

I have read the foregoing and fully understand the contents thereof.

Signature of Participant: _____

on date: _____

If the above person is a minor, a parent or legal guardian must complete the section below.

I am the parent or guardian of the above-named person who is a minor and is permitting use of his/her to the producer. I hereby consent to and join in the foregoing grant, release and consent on behalf of said minor.

Signature of Guardian: _____

on date: _____