

Business Name: _____

Address: _____

Phone: _____ Email: _____

Video Testimonial Release Form

Authorization and Release Information

I understand my testimonial in the video recorded of me (hereinafter called "The Testimonial") and made on behalf of _____ (hereinafter called "The Business") may be used in connection with publicizing and promoting The Business. I authorize The Business to use my name, brief biographical information, and The Testimonial as defined by me in this video.

I hereby irrevocably authorize The Business to copy, exhibit, publish or distribute The Testimonial for purposes of publicizing The Business' programs or for any other lawful purpose, including featuring on the Hearing Test Prep™ website. These statements may be used in printed publications, multimedia presentations, on websites, or in any other distribution media. I agree that I will make no monetary or other claims against The Business for the use of The Testimonial.

In addition, I waive any right to inspect or approve the finished product, including an edited video wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Business from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____ Date: _____

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Email: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Date: _____