



**RIGHT TO PUBLICIZE FORM**

I, \_\_\_\_\_  
PRINT NAME (Guardian, if under 18 sign) -If guardian, please specify relation to patient)

*Have received a copy of Peak Physical Therapy's Publicize Form.*

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

*Peak Physical Therapy has the right  
to publicize a picture or video of myself for promotional purposes.*

Physician's Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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