



**NEXT LEVEL**  
 PHYSICAL THERAPY // ATHLETIC PERFORMANCE

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**General Media Release Form**

- 1) I, the undersigned, hereby authorize the staff of Next Level Physical Therapy and Athletic Performance to photograph, take video footage and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the staff of Next Level Physical Therapy and Athletic Performance. I understand that I may be identifiable from such photographic or electronic reproduction.

Agreed and accepted by:

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

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

I am signing this form as an individual (circle): Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group (circle): Yes No

Name of Group \_\_\_\_\_

**PARENTAL CONSENT**

I certify that I am the parent or guardian of the individual above, \_\_\_\_\_, a minor under the age of eighteen years. I hereby assume legal responsibility for his/her authorizations referred to in this General Media Release.

\_\_\_\_\_  
 Print Name Phone Number (if different)

\_\_\_\_\_  
 Signature of Applicant's Parent/Guardian Date

\_\_\_\_\_  
 Address of Parent/Guardian (if different)

\_\_\_\_\_  
 City, State, Zip