

Photo | Video | Comment Release Form

Name:	Date:
Address (Street, City, State, Zip):	
Email:	Phone:
PERMISSION TO USE PHO	OTOGRAPHS / VIDEOS / COMMENTS
photographs and videos of me and my pro	epresentatives and employees the right to take operty. I authorize "Molly's Massage and More," its and publish the same in print and/or electronically.
	may use such photos and videos of me with or lose, including for example such purposes as osite content.
	may use comments from the feedback form(s) with urpose, including for example such purposes as osite content.
I have read and understand the above:	
Client Signature:	
Printed Name:	
Client Signature (parent or guardian):	
Witness to signature (Molly's Employee):	