



FUNfitness Media Release Form

Please complete entire form:

I hereby grant permission to _____
to photograph and/or video tape me and/or record my voice in connection with media projects
for inclusion in information to be disseminated on the role of Physical therapy in the health
care delivery system.

Check one:

- | | |
|--|---|
| <input type="checkbox"/> Physical therapy patient/client | <input type="checkbox"/> Physical therapist student |
| <input type="checkbox"/> Physical therapist | <input type="checkbox"/> Physical therapist assistant student |
| <input type="checkbox"/> Physical therapist assistant | <input type="checkbox"/> model |
| <input type="checkbox"/> other (please explain): | |

Name: _____

Signature: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____