

ChiroSolutions Center  
287 Independence Boulevard, Suite 311  
Virginia Beach, Virginia 23462

General Release

I, \_\_\_\_\_ (please print),  
and parent/legal guardian of (list names if they apply to this General Release)

\_\_\_\_\_ (please print)

\_\_\_\_\_ (please print)

\_\_\_\_\_ (please print)

\_\_\_\_\_ (please print)

grant ChiroSolutions Center permission to use my child's (children's) name, if listed) and my name, information, likeness, image, voice, remarks, and/or appearance as embodied in any written document, photographs, video recordings, audio recordings, digital images, illustrations, etc., taken or made on behalf of ChiroSolutions Center for educational, training, marketing and promotional purposes. This includes the practice website and 3<sup>rd</sup> party social media sites and other online marketing.

I agree that ChiroSolutions Center has full ownership of any such media, including the entire copyright. I acknowledge that online marketing sites are owned and managed by 3<sup>rd</sup> party companies. I acknowledge that I will not receive any compensation for the use of such information and media, and I hereby release ChiroSolutions Center from any and all claims that arise out of or are in any way connected with such use.

I have read and understood this consent and release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date