

**Horizon Physical Therapy Running Clinic**

Image Data Release Form

I \_\_\_\_\_ allow **Horizon Physical Therapy Running Clinic** to use my:

Image(s) \_\_\_\_\_

Data \_\_\_\_\_

For the purpose of research or marketing, I expect no compensation for allowing this potential use. No personal confidential information in the form of name, address, etc. will be utilized.

**Horizon Physical Therapy Running Clinic** realizes this is an allowed privilege and thus allows you to change this decision at any time by informing us in writing.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date