

Testimonial and Photo Release Form

I, the undersigned, for myself and on behalf of all of my heirs, legal representatives and assigns, and without further approval required, do hereby irrevocably agree and grant to Vision Service Plan, its subsidiaries and affiliates, including its/their directors, officers, employees, agents, representatives, and/or contractors (“VSP®”) the following (“Release”):

1. The unlimited right and permission to use, reuse, distribute, publish, and republish, in whole or part, my testimonial(s), statement(s), and/or photo(s) in any electronic, broadcast, printed, and/or other form of medium, including all websites maintained, operated by, and/or affiliated with VSP in conjunction with its business-related publicity and/or media relations activities;
2. Waive any and all right to inspect or approve the finished product(s), copy(ies), and/or printed matter that may be used in connection herewith/therewith, and/or the use to which it may be applied;
3. Release and agree to indemnify and hold harmless VSP from any and all liability, including, but not limited to, claims for libel and right to privacy, in connection with this matter.

This Release is intended as the complete agreement on this subject matter.

I do hereby certify that I am of legal age, have read and understand this Release, and acknowledge that this Release has been voluntarily executed.

Signed _____

Date _____

Print Name _____

Address _____

Phone _____

Email _____

In addition, if signing this Release on the authorized behalf of a minor or other person, please provide the following information:

Person’s Name _____

Your Relationship _____