Baum 5 Star Healthcare

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Photography Release Form

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Name (Please Print): _____

I hereby give permission for my photograph to be taken by Baum 5 Star Healthcare staff to evaluate my results.

Furthermore, if checked below, I give permission for my photos and / or testimonial to be used for the following purposes:

__ Baum 5 Star Website __ Social Media (Facebook & Instagram)

__ Flyers / Pictures for Our Office.

Signature: _____

Staff initials: _____