



RC Conditioning, LLC dba Kettlebell Korner
Robin Campbell, ACSM Certified Trainer, SFG II, RRCA

Photographic Consent Form

Name: _____ Date: ____/____/____

I, _____, hereby grant and authorize RC Conditioning, LLC dba Kettlebell Korner the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for **legally promotional materials including, but not limited to, newsletters, fliers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications**, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I have also verbally consented to the RC Conditioning, LLC dba Kettlebell Korner. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and/or my interview.

I agree that the photographs and relating information may be published or used for purposes which RC Conditioning, LLC dba Kettlebell Korner deems proper; however, I shall not be identified by name in any such publication or use. I understand that in some cases my facial features may be visible.

I understand and agree that these materials shall become the property of RC Conditioning, LLC dba Kettlebell Korner and will not be returned.

I hereby hold harmless, and release RC Conditioning, LLC dba Kettlebell Korner from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate. I hereby release RC Conditioning, LLC dba Kettlebell Korner, their personnel, and any other persons dealing with my photographs from any and all liability which may arise from the taking or use of such photographs.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Patient Signature _____ Date _____

I DO NOT CONSENT

Witness's Signature _____ Date _____