

STANDARD PHOTO RELEASE FORM

Participant's Name: _____

I hereby authorize Symmetry Pilates Center, LLC to publish the photographs taken of me, for use in the Symmetry Pilates Center printed publications and website.

I acknowledge that since my participation in publications and websites produced by Symmetry Pilates Center, LLC is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by Symmetry Pilates Center, LLC confers upon me no rights of ownership whatsoever. I release Symmetry Pilates Center, LLC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____