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Permission to Use Photographs

Subject: Matrix Sports Medicine & Physical Therapy, Inc. Website/Social Media/Gallery Wall  
Location: North Smithfield, RI

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I agree that Matrix Sports Medicine & Physical Therapy, Inc. may use such photographs of me with or without my name and/or any lawful purpose, including but not limited to purposes of publicity, illustration, advertising, and web content.

**I have read and agree to the above:**

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Signature Date

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Printed Name Date

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Address

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Signature of Parent/Guardian if **UNDER THE AGE OF 18** Date