



Testimonial Release Consent

Purpose of Consent: By signing this form (the "Release"), you are authorizing the American Society of Hand Therapists ("ASHT") to use and disclose your therapy testimonial in its marketing and public relations efforts and acknowledge that the testimonial may be distributed to the media, other individuals, entities that may be involved in ASHT's marketing and public relations efforts and the public.

Right to Revoke: You have the right to revoke this Release at any time by giving us written notice of your revocation and submitting it to ASHT Headquarters at the address or number listed below. Please understand that revocation of this Release will not affect any action ASHT took in reliance on this Release before receiving your revocation.

Consent to Release

I hereby authorize ASHT to copy, exhibit, publish, distribute or otherwise use and disclose my therapy testimonial and any information in the testimonial for purposes of publicizing its products, programs and services, for any other marketing and public relations efforts or for any other lawful purposes. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I understand and approve the disclosure by ASHT of testimonial information to the media, the public and other individuals and entities that may be involved in ASHT's marketing and public relations efforts.

I understand that signing this Release is voluntary. I agree that I will make no monetary or other claim against ASHT for the use of the testimonial. I waive the right of prior approval for the use of my testimonial and hereby release ASHT from all claims for damages of any kind based on the use of my testimonial or information provided within the testimonial.

I have read this document and understand its contents:

Name _____

Signature* _____

**Please type X above if completing electronically*

Date _____

Please provide your contact information:

Address _____

Phone _____

Email _____

If you have any questions, please contact Member Services at 856-380-6856, ASHT@asht.org, 1120 Route 73, Mt. Laurel, NJ 08054.