

**PHOTO RELEASE AND TESTIMONIAL
AUTHORIZATION FORM
(SIGN AND RETURN)**

PARTICIPANT AUTHORIZATION AGREEMENT

I, _____ (Participant Name), am of legal age and agree that photo images may be taken during group experiences and that they may be used in digital and print media.

By signing this form, I am agreeing to the release of photos that includes my image of me for commercial use. ____Initials

I also agree to provide a testimonial at the conclusion of the event that may be used in future promotional materials. ____Initials

Signed and Dated: _____ Date: _____

Print Your Name: _____

Scan Signed Form and email to:

Nina@beinghumanlife.com



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Entelechy Institute