NEURO COLLABORATIVE

I _____ (name), understand and give permission to JJ Mowder-Tinney, PT, PhD to utilize photographs, digital video or other digital recordings of me and to use it for educational purposes within NeuroCollaborative Inc. My photos and/or videos will be solely utilized for the purposes of teaching other professionals for educational purposes during classes or continuing education courses.

I understand that my name will not be attached to the photograph or video.

I understand that I have the ability to stop photography and/or filming at any time I feel necessary, and will have no negative consequences if I choose to do so.

I understand that I can request that my video stopped being used at any time.

I consent and agree to share my relevant medical and personal history information to be used associated with my photo/video solely for educational purposes.

All material and information will be used for educational purposes only and not for marketing, distributing, or sharing in any other way.

Name of Healthcare Provider: _____

Subject Name: _____

Subject Signature: _____ Date: _____