



Handspring

## Help us spread the word...

### Your experience could inspire someone else!

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I give permission to use my full likeness, including photographs and testimonials, publication of my name, and pictures of my evaluation and fitting process for social media, educational, promotional, advertising, and other purposes in print, digital, and other media formats. My consent is voluntary and without compensation or prior notice and I do so with the intended benefit of helping others in need of prosthetic and/or orthotic care. The permission granted is active until I revoke consent in writing (Prosthetic & Orthotic Associates, 4 Riverside Drive, Middletown, NY 10941). In giving this consent, I waive any claims against POA / Handspring and its employees and agents and anyone acting at the request of POA/Handspring specific to this request.

I understand that it is unlikely, but possible, that my likeness could enter into the public domain through the media and could be re-released and used without my authorization by others outside the control of POA/Handspring. POA/Handspring will take reasonable precautions to help prevent this from happening.

I represent that I am over the age of eighteen years and/or I represent that the patient is a minor and I am the parent or guardian of the minor and I am signing this consent as such.

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Guardian Name*

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_\_  
*Date*

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