



NASHVILLE SPINE
INSTITUTE

Social Media Consent/ Release Form

I, _____ hereby authorize Nashville Spine Institute to use my photo, video and/or information related to my experience. I understand this information may be used in publications, including electronic publication, audiovisual presentations, promotional literature, advertising, community presentation, media outlets and/or other similar ways. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I, _____ consent is freely given to Nashville Spine Institute

Check one:

- I give all rights with material
- Request not to disclose my name or show my identity in any way
- I do not give permission

I understand that I can revoke this release anytime in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

First Name: _____ Last Name: _____

Signature: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Email: _____