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## Audio / Video Recording Release

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### Integrative Bodywork, Inc

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321~456~5051

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[www.jimfazioib.com](http://www.jimfazioib.com)

I authorize this release based on the following conditions:

1. These records become the property of Integrative Bodywork, Inc and/or its representatives, successors and assigns
2. This release is given without promise of compensation
3. This release is a single-use authorization for your scheduled appointment with Dr Paul Canali at Integrative Bodywork.

### A. Audio/Video recording release for educational purposes

I hereby grant to Integrative Bodywork, Inc the right and authority to photograph, film and/or record vocally my consultation interview and treatment session with Paul Canali, DC and Jim Fazio, LMT, CSI, UTP:

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Name [Please Print]

These records may be used for the educational purposes of study, research and teaching and may be observed by professional colleagues of Integrative Bodywork, Inc. It is understood that these professional colleagues will consider any information as privileged information and will hold such information in confidence. The client's name (first and/or last) may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

**Check One:**         I agree to be recorded         I do NOT agree to be recorded

### B. Audio/Video recording release for Client educational purposes

I hereby grant to Integrative Bodywork, Inc the right and authority to photograph, film and/or record vocally my consultation interview with Paul Canali, DC and Jim Fazio, LMT, CSI, UTP:

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Name [Please Print]

These records may be used for the educational purposes of clients who are new to Integrative Bodywork, Inc or clients who may benefit from your experience. In all cases, the client's name and references that may personally identify the client **will be edited out** of an audio recording. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

**Check One:**         I agree to be recorded         I do NOT agree to be recorded

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Signature

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Date

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Address

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Phone

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City, State, Zip

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Email

*I hereby release and hold harmless Integrative Bodywork, Inc and its representatives, successors and assigns from any and all liability arising directly or indirectly from my participation in the use of any representation of me as authorized above by my signature(s).*