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Written and/or Video Testimonial Release Form

Date: _____

Written Testimonial Statement:

Authorization and Release Information:

I understand my testimonial as outlined above or in the video recorded of me (the "Testimonial") and made on behalf of Commonwealth CPR (hereinafter called "The Business") may be used in connection with publicizing and promoting The Business. I authorize The Business to use my name, brief biographical information, and the Testimonial as defined on this form or by me in this video.

I hereby irrevocably authorize The Business to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The Business' programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Business for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy or edited video wherein my likeness or my testimonial appears. I hereby hold harmless and release The Business from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____
Email: _____
Address: _____
City, State, Zip: _____
Telephone: _____