



**Authorization to Use Testimonial/Photos (OPTIONAL)**

I \_\_\_\_\_ have read and understand the Authorization to Use Testimonial. I have no questions and give Advance Physical & Aquatic Therapy approval to use my testimonial/photo for use on the Wall of Fame in the clinic, on the website, and/or other marketing materials. I understand that my full name will never be published, and I can opt-out at any time.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Authorization to Use SMS Message Communication (OPTIONAL)**

I \_\_\_\_\_ authorize Advance Physical & Aquatic Therapy to text me appointment reminders. I understand that I can opt-out at any time.

MOBILE NUMBER: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature