



Date: \_\_\_\_\_

### **Authorization and Release of Testimonial Information**

I, \_\_\_\_\_, understand that my testimonial below, made on behalf of Waddington Wellness, may be used in connection with publicizing and promoting Waddington Wellness. I authorize Waddington Wellness to use my testimonial as given.

I hereby irrevocably authorize Waddington Wellness to copy, exhibit, publish or distribute my testimonial for purposes of publicizing Waddington Wellness' services 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 Waddington Wellness for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my testimonial appears.

I hereby hold harmless and release Waddington Wellness 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.

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

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province/State, Postal/Zip Code: \_\_\_\_\_



WADDINGTON WELLNESS

## **Client Testimonial**