

I hereby grant permission to the Section on Pediatrics of the American Physical Therapy Association (APTA) to use the enclosed photograph(s) of myself on the Section booth (used at conferences) and possibly in other materials regarding the role of physical therapy in the health care delivery system.

Check one:

physical therapy patient

physical therapist

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other (please explain) _____

Name: _____ Signature: _____

Address:

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Send to:

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