



Testimonial Release Form

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The experiences and opinions of people who actually use our products are the best tools for helping others with similar problems. For that reason, we would appreciate if you would tell us about yourself and your experiences with our products. The **Hearing Aid Company of Texas** may use this information for future promotional material. We thank you for choosing us for your hearing healthcare needs and for taking the time to share your experiences.

Testimonial Statement: Describe your experience with us and our hearing products (Service, Products, People, Fittings, Etc.)

(Please use reverse side if more room is needed.)

Authorization and Release Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of Hearing Aid Company of Texas (hereinafter called "The Company") may be used in connection with publicizing and promoting The Company. I authorize The Company to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize The Company to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The Company's 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 Company for the use of the statement.

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

I hereby hold harmless and release The Company 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 hereby give my consent for the use as indicated above.

Printed Name: _____ **Signature:** _____

Email: _____ **Telephone:** _____

Address: _____

City, State, Zip: _____ **Date:** _____