

Photo Release

I, the undersigned, hereby grant Posture Dynamics and its distributors of Posture Control Insoles® permission to use the attached photograph in conjunction with my testimonial letter.

In return for granting such permission, I accept one pair of Posture Control Insoles®.

My insoles are: 3.5 mm 6.0 mm 9.0 mm

Signature

Date

Print full name

Street, Apt #

City, State Zip

Mail to:

Posture Dynamics
325 Washington St, NE. #431
Olympia, WA 98501

Fax to:

206-282-4710

e-mail to:

bjorn@posturedynamics.com