

CONSENT TO RECORD

The undersigned hereby authorize Matrix Seating USA, LLC. or their contractors, to photograph or video record _____ while under the care of Matrix Seating USA, LLC., their Contractors or your healthcare providers.

I (we) further agree that the recordings are limited to the following use(s):

- Insurance/Medical Justification
- Illustrate/Document seating system to health practitioner, client, or Matrix employee
- Clinical education
- Other (Commercial filming, television programs, marketing materials, social media)

I (we) further acknowledge that I (we) have the right to rescind this consent at any time up to the time recordings are used. I understand that there will be no financial compensation for my time or expenses for this consent to record.

Print Name: _____ Date: _____

Signature: _____

Address: _____

When subject is a minor or legally incapable to give consent:

Representative: _____

Relationship: _____

Witness: _____