

NORTH  TEXAS
KIDNEY CONSULTANTS

“Promoting Life Through Comprehensive Kidney Care”

Testimonial Release Form

I hereby grant North Texas Kidney Consultants to use my testimonial in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become property of North Texas Kidney Consultants and will not be returned.

I hereby authorize North Texas Kidney Consultants to exhibit, publish or distribute this testimonial for purposes of publicizing North Texas Kidney Consultants or for any other lawful purpose.

I hereby hold harmless and release and forever discharge North Texas Kidney Consultants 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 am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Your Printed Name: _____

Your signature: _____

Date: _____