

PO Box 6  
Berkeley Springs, WV 25411  
877.456.2822  
mightytykes.com



## MightySTORY Picture/Testimonial Release

Thanks for your willingness to share your testimonial with our MightyTykes™ community.

Your MightySTORY will encourage others!

Great gear for special kids.

### I am:

- A parent/caregiver
- A physical therapist
- An occupational therapist
- Teacher
- Other:

### I am using the weights :

- At home
- In an outpatient rehab facility
- In a hospital
- At school
- Other:

### I used the weights with:

- Children 0-3 years old
- 3-5 years old
- 5 and above
- Adults
- Seniors
- Other:

Check all that apply:

- MightyTykes™ has my permission to take and use my/child's picture video testimonial for display, website, press releases, Facebook, advertising or other purposes.
- Pictures may be labeled with me and my child's full name OR first name only
- Please do not include my child's name.
- I have included attach a photograph of my child (\*.jpg, \*gif, or \*.png format)

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Your/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your/ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Your child's condition/diagnosis: \_\_\_\_\_

Testimonial:

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Mail to address above or scan and email w/attachments to [mymightystory@mightytykes.com](mailto:mymightystory@mightytykes.com)