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Testimonial Release Form

I hereby grant Northshore Sleep Medicine 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 Northshore Sleep Medicine and will not be returned.

I hereby authorize Northshore Sleep Medicine to exhibit, publish or distribute this testimonial for purposes of publicizing Northshore Sleep Medicine or for any other lawful purpose.

I hereby hold harmless and release and forever discharge Northshore Sleep Medicine 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.

Printed Name

Date

Signature

Phone #

E-mail address