

**Topliff Painting, Inc.**  
**Testimonial Release Form**

**Testimonial Statement:**

**Authorization and Release Information**

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of Topliff Painting, Inc., may be used in connection with publicizing and promoting Topliff Painting, Inc. I authorize Topliff Painting, Inc., to use my name and the Testimonial as defined on this form.

I hereby irrevocably authorize Topliff Painting, Inc., to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Topliff Painting's programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against Topliff Painting, Inc., for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release Topliff Painting, Inc., 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Phone: (239) 433-4655 | Fax: (239) 245-8690  
Website: [www.TopliffPainting.com](http://www.TopliffPainting.com) | Email: [Info@TopliffPainting.com](mailto:Info@TopliffPainting.com)

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**Testimonial Release Form**

I have read the authorization and release information and give my consent for the use as indicated on Page 1 of this form.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_