PHOTO/VIDEO RELEASE FORM

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby authorize _____ and its agents permission to use my likeness in photographs and/or videos in any and all publications, printed or digital. I understand and agree that any photographs using my likeness will become property of _____ and will not be returned.

I hereby authorize _____ and its agents to edit, alter, copy, exhibit, publish, and distribute videos and/or photos taken during the course of treatment for any lawful purpose, including professional articles and journal publications, lectures (including continuing education courses), _____'s social media pages and website, brochures, and other publications.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I acknowledge that since my participation with _____ is voluntary, I will receive no financial compensation. I waive any right to royalties or other compensation arising or related to the use of the photographs and/or videos.

I hereby hold harmless and release forever discharge _____ and its agents from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

Special requests:

_____

My signature indicates that I have read this agreement before signing below and fully understand its contents, meaning, and impact.

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_____ _____

Client/Patient or Responsible Party Signature Date