Photography/Videography Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give Click or tap here to enter text., Click or tap here to enter text., and any individuals, agents, corporations, independent contractors they choose, and I assign permission for use of any transcripts, photographs and videos that they have obtained or have in their possession or have taken of me.

I further give Click or tap here to enter text. permission to copyright any transcripts, photographs and videos in their name or any other name they may choose.

I further give Click or tap here to enter text. permission to use and publish any transcripts, photographs and videos they have taken of me in whole or in part, individually or in conjunction with other photographs, in any medium, for any purpose, including art, illustration, promotion, advertising or trade.

I understand that the use of the any transcripts, photographs and videos may be for: illustrating a medical procedure; demonstration of treatment outcomes; patient education; physician education; marketing or advertising. This includes use of any transcripts, photographs and videos in any public media, social media, internet media and other form of publication or advertisement chosen by Click or tap here to enter text..

I understand that should Click or tap here to enter text. choose to use the transcripts, photographs and videos that they have obtained or have in their possession or have taken of me, that my identity may be revealed from identifying features in the transcripts, photographs and videos.

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I am of legal age and of sound mind and not under the influence of any medications or drugs that could alter my decision-making capacity.

I have read the foregoing fully and understand its contents. This form was not signed under duress.

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Patient Signature Date

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Signature of Authorized Click or tap here to enter text. Representative Date