

PHOTO CONSENT FORM:

This signed consent confirms your agreement by which Company has the right to use your image and likeness, which may include the following: (1) your personal photo, whole or in part, regarding services received and treatment outcomes; and (2) your case summary and any other appropriate comments (Hereinafter collectively referred to as “Likeness”.) You hereby agree as follows:

1. You hereby grant Company the right to use the images, without any expectation of compensation.

2. The Likeness may appear in connection with: (1) the business website; (2) publications for the business related to advertising, marketing, information and education, or any other publication Company may deem useful and appropriate; (3) all electronic and print media (i.e. electronic media, medical journals, video, pamphlets, mailings, etc.); and presentations.

3. You hereby agree that you are 18 years of age or older or able to consent on behalf of a minor.

4. You hereby release Company from any claims and expenses arising from the use of your Likeness as herein specified.

You have the right to review the materials that use your statements, likenesses, or case summaries. You have the right to request that your likeness be removed from further use by notifying the Company in writing.

Printed Name: _____

Relationship to Individual Signing: _____

Signature: _____

Date: _____