



PLASTIC
SURGERY
CENTER

PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, the undersigned, consent to the release of any and all photographs, electronic images or video footage taken of me, or parts of my body, to the Plastic Surgery Center, PA, or anyone authorized by them, with respect to my plastic surgery treatment or skin care services. I understand that such photographs and videotapes shall become the property of the Plastic Surgery Center, PA and may be retained by, or released by the Plastic Surgery Center, PA for PUBLICATION OR REPUBLICATION IN ANY PRINT, VISUAL, BROADCAST, OR ELECTRONIC MEDIA for any purpose which the Plastic Surgery Center, PA (PSC) deems appropriate to inform the medical profession or the general public about plastic surgery methods and technique, or skin care treatments, without compensation to me. The media may include, but are not limited to, the following: DISTRIBUTING THE IMAGES VIA PRINT, VISUAL, BROADCAST AND ELECTRONIC MEDIA SPECIFICALLY INCLUDING THE PLASTIC SURGERY CENTER WEBSITE(S), YOU TUBE, FACEBOOK AND OTHER SOCIAL MEDIA SITES, iPad APP, MEDICAL JOURNALS AND TEXTBOOKS, PAMPHLETS, NEWSPAPER, MAGAZINES, AND VIDEO TAPES.

Neither I, nor any member of my family, unless I have given EXPRESS WRITTEN PERMISSION, will be identified by name in any publication. I understand that in some circumstances the photographs or videos may portray features that shall make my identity recognizable.

I release and discharge the Plastic Surgery Center, PA and all parties acting under their license and authority from all rights that I may have in the photographs and from any claims whatsoever that I have relating to and in connection with such use and publication, including any claim for payment in connection with distribution or publication of the photographs and/or video footage.

I hereby waive any right to inspect or approve the finished product, photograph, video, DVD, CD-ROM or matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby authorize Plastic Surgery Center to take photographs and/or video footage of me. **These photographs and videos shall be used for documentation purposes and marketing.** These photographs shall become the property of the Plastic Surgery Center and shall not be disclosed to anyone (other than as above provided), except as required by law.

I hereby warrant that I am over twenty-one years of age, and competent to contract in my own name insofar as the above is concerned. I have read and understand the foregoing release, authorization and agreement, before signing my name below, and enter into it knowingly and voluntarily.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above authorization and release and fully understand the terms.

- Yes, you may use my photos
- Yes, but remain anonymous
- Yes, you may use my video footage
- No thank you, I decline at this time

Signature _____ Date _____