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I hereby give my permission for any procedure photos, procedure videos, and testimonials, video or written, to be used by Doctor's Name Here of Practice Name Here.

I understand that these media items will be used solely for the purpose of marketing the procedures and services provided by Doctor's Name through his website, promotional materials, publications, and media campaigns.

I also understand that by signing this release, I am waiving any rights of compensation or ownership.

Name of Participant (please print): \_\_\_\_\_

Age: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian if Participant is under 18 years of age:

\_\_\_\_\_

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