



## Photography Consent

I hereby irrevocably consent that my picture or portrait of me, or of any part of me, or reproductions therefore, may be used by (company name) and their employees for such purposes as he/she may desire in connection with his/her research, writing and professional activities, and may be used, exhibited and published through any medium whatsoever as part of or in connection with his/her research, writing and profession activities, even though such use may be for advertising purposes or purposes of trade.

I hereby certify and represent that I am over 21 years of age.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

**PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE.**

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**Patient Signature & Date**