



Authorization to Release and Disclose Photographs

I, (print name) _____, voluntarily consent to the Copyright, publication, and use of my picture and likeness by Advanced Skin & Vein Care Centers, affiliates, successors, and assignees.

By signing this form, I am allowing Advanced Skin & Vein Care Centers, affiliates, successors and assignee to disclose photographs taken of me before, during, and after treatment.

(Please initial either yes or no on each line)

For research, educational informational purposes:	Yes____	No____
For publications in a medical journal and /or textbook:	Yes____	No____
For general advertising, publicity, or promotional purposes:	Yes____	No____

I hereby release Advanced Skin & Vein Care Centers from any claim, demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this release. This release also includes affiliates, successors, and assignees of Advanced Skin & Vein Care Centers.

I understand that once my photographs have been disclosed to Advanced Skin & Vein Care Centers, affiliates, successors and assignees the photographs will no longer be protected by federal privacy laws. However, Advanced Skin & Vein Care Centers affiliates, successors, and assignees will not use the photographs except as permitted on this authorization form. I understand that I will be given a signed copy of this form.

I hereby release Advanced Skin & Vein Care Centers, its affiliates, successors, and assignees from any claim demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this authorization.

Print name: _____

Signature: _____

Date: _____