



### PHOTOGRAPHY RELEASE AND CONSENT

I authorize for perpetuity the use of my photographs, videotapes and case information in the following KO'AN commercial/educational settings; patient educational materials; pre and post procedural photos that will be available to prospective patients for viewing in the office; newspaper and magazine articles; television programs; KO'AN's personal web site(s) or pages; and lectures and multimedia presentations given by KO'AN to the general public.

I release and discharge KO'AN Center for Integrated Aesthetic Medicine and all parties acting under their license and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use and publication, including any claim for payment in connection with distribution of the photographs. I also authorize for perpetuity KO'AN's professional association to use my photographs and case information in fulfilling its mission of public education, in any of the following settings; patient educational brochures available for purchase; educational videotapes available for purchase; lectures and slide presentations available for purchase; information submitted by professional associations to consumer periodicals and magazines for publication; television programs in which KO'AN participates; cases that KO'AN presents on the web site designed by KO'AN and its affiliates. I understand and accept that I may be recognized for my likeness of case history. Nevertheless, I authorize for perpuity the KO'AN Center and/or its representatives to use my photographs, videotapes and case information in educational and scientific settings including lectures and multimedia presentation for an office of medical professionals at which members of the press may be present, and medical, surgical and scientific journal articles.

I grant this consent as a voluntary contribution and certify that I have read the above authorization and fully understand these terms.

I have read the above authorization and do not wish for my photographs, videotapes and case information to be used in the above mentioned settings. *I grant consent for my photographs to be used for DOCUMENTATION ONLY.*

**Patient Signature:** \_\_\_\_\_

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

**Witness Signature:** \_\_\_\_\_

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