

PHOTO RELEASE

I, _____
(patient's name or guardian)

Do hereby grant Gulf Coast Plastic Surgery, its successors and assigns, the right to use photographs of me in which I have participated on behalf of Gulf Coast Plastic Surgery.

The usage of these photos will be limited to:

- medical purposes related to case
- scientific purposes, including seminars and medical articles
- before and after photo album for other patients to view in the office
- before and after photos to be included in newsletter to be sent to patients
- before and after photos to be included in Gulf coast Plastic Surgery's web site

Gulf Coast Plastic Surgery need not approach me again for authorization to use these photos unless the usage differs from that listed above.

This release and authorization does not conflict with any existing commitment on my part.

I understand that Gulf Coast Plastic Surgery is not obligated to make use of its rights set forth herein.

(witness – full name)

(model – full name)

(witness – signature)

(model – full signature)

(address)

(address)

(city, state, zip)

(city, state, zip)

(date)

(social security #)