

PHOTO RELEASE

I, _____
(patient's name or guardian)

Do hereby grant Dr Gregory Pisarski - Gulf Coast Plastic Surgery, its successors and assigns, the right to use photographs and/or video of me in which I have participated on behalf of Dr Gregory Pisarski - 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 print, online and video-based marketing materials, as well as other Company publications
- before and after photos to be included in Gulf Coast Plastic Surgery's website
- before and after photos to be included in Gulf Coast Plastic Surgery's Facebook

Please cross out and initial any scenarios above that you wish your pictures not be included in.

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

Neither, I nor any member of my family will be identified in any publication. I understand that in some circumstances the photos may portray features that may make my identity recognizable. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images.

This release and authorization does not conflict with any existing commitment on my part. I understand that Dr Gregory Pisarski - Gulf Coast Plastic Surgery is not obligated to make use of its rights set forth herein.

I hereby release Dr Gregory Pisarski - Gulf Coast Plastic Surgery, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

(patient/model – full name)

(witness – full name)

(patient/model – signature)

(witness – full signature)

(date)

(date)