



CAVALON AESTHETICS

COSMETIC SURGERY AND SKIN REJUVENATION

Consent for Publication and Release of Photos and Videos

Patient: _____

Email: _____

Phone Number: _____

Date: _____

I hereby grant The Doctors Clinic and/or Cavalon Aesthetics the irrevocable right and permission to use photographs and/or video recordings of me to be used in digital and print publications, promotional advertisements and flyers, social media, educational materials, derivative works or for other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I waive the right to approve the final product. I understand this media may be placed online in various capacities including: digital advertisements, on social media (Facebook, Instagram and LinkedIn) and on The Doctors Clinic and/or Cavalon Aesthetics websites. I agree that all such content: portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all digital and print files are, and shall remain, property of The Doctors Clinic and/or Cavalon Aesthetics.

I hereby release, acquit and forever discharge The Doctors Clinic, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in appropriation of likeness or defamation.

I hereby warrant that I am at least eighteen (18) years old and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my assigns or personal representatives.

Signature of Individual Photographed/Recorded

Date

Printed name of Individual photographed/recorded

Please use my photo/video for chart purposes only.

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:

I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), assigns or personal representatives. I acknowledge that I am at least eighteen years old and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual photographed/recorded

Date

Printed name of Parent/Guardian: