

# PLASTIC SURGERY — OF WESTCHESTER —

Authorization for and release of Medical Photographs/ Slides/ And / Or Video Footage

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## **VIDEOTAPE AND PHOTOGRAPHS RELEASE AND AUTHORIZATION**

I hereby irrevocably consent to and authorize the use and reproduction by the Plastic Surgery of Westchester (PSW) and its affiliates, or anyone by any of them, of any and all photographs, electronic images or video footage of me taken by PSW, or that PSW had in its possession, provided either by me or by a third party (collectively, Images) for the purpose of informing the medical profession or the general public about plastic surgery or plastic surgery procedures and techniques without compensation to me. Such use shall include, but not limited to, distributing the images via print, visual and electronic media, specifically in including the PSW website and social media sites such as You Tube, Facebook and Twitter. The Images (including any photographic negatives) shall be the sole property of PSW. PSW also shall have the right to use my name in connection therewith if it so chooses.

I hereby waive any right to inspect or approve the finished product, photograph, and video, DVD, CD-ROM or matter that may be used in conjunction therewith or the eventual use that it might be applied.

I hereby release, discharge and agree to hold harmless PSW and its affiliates and their respective representatives, assigns, and employees and any person acting under their permission or authority, from and against any claims whatsoever in connection with use of my Images and name and the reproduction thereof as stated above, including any claim for payment in connection with distribution or publication of the video and/or photographs.

I hereby warrant that I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned.

I have read and understand the foregoing release, authorization and agreement, before signing my name below, and enter into it knowingly and voluntarily.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

I have read the above Release and Authorization. I am the parent, guardian or conservatory of \_\_\_\_\_, a minor. I am authorized to sign this authorization on his/her behalf and I give this authorization in the interest of public education.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_