

## VIDEO/PHOTOGRAPHY RELEASE FORM

I, \_\_\_\_\_, hereby grant and authorize BROWOLOGY RX the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures of video taken of me to be used in and /or for their subsidiary affiliate *BrowologyRx.com's* promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, annual reports, press kits and submissions to journalists, websites, social media sites and other print and digital communications, without payment or any other consideration.



I waive my right to approve any changes and final result of my image. Additionally, I give my consent to the editing, retouching, and modifying of my image. This authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue indefinitely and may exceed my participation.

I hereby hold harmless, and release BROWOLOGY RX from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, and or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract my own name. I have read this video/photography release before signing below, and fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Signature (Parent in the case of a minor)      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Minor's Printed Name