Photography Release Form

I _____ hereby give Lymph in Motion by Criselda White, at _____the absolute and irrevocable right to take and permission to use photographs of me, or in which I may be included with others.

a) To copyright the same in said organization's own name or any name that they choose, and/or

b) To use, re-use, publish and republish the same in whole or in parts, individually or in conjunction with other photographs, in any medium and for the purpose of medical information of the public, medical staff of clinic employees, including (but not by way of limitation) illustration, promotion, and advertising and trade, and/or

c) To use my name in connection therewith if they so choose: Yes _____ No _____

d) Restrictions: ☐ No facial photographs ☐ Other: _____

I hereby release and discharge Lymph in Motion by Criselda White from any and all claims and demands arising out of or in conjunction with the use of photographs, including but not limited to any and all claims of libel, invasion of privacy, etc.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of the organization.

I am over the age of eighteen, have read the foregoing, and fully understand the contents thereof.

ADULT RELEASE

_____
(Participant's Name)

_____
(Signature)

_____
(Witness)

_____
(Date)

MINOR RELEASE

_____

(Minor's Name)

_____

(Signature – Parent, Guardian)

_____

(Relationship to Participant)

_____

(Date)