**Photography & Video Subject Consent and Release Form**

By signing this form, I hereby grant to Klein Dermatology & Associates (KDA) on behalf of the right to create via photography or other means, and the right to reproduce, display, and disseminate worldwide and in perpetuity, in any traditional or electronic media format, such photographs or other image of my likeness as shown in the photographs described below, which photographs are owned by KDA. Furthermore, I grant KDA and other organizations allowed by KDA the unconditional rights to use these images, in whole or in part, in partnerships with commercial entities which may include, but are not limited to, the use of my likeness in advertisements in any media, including on commercial products, for no financial compensation. I confirm that these images were taken with my knowledge and consent.

**Photo Subject**

(Name of Person in Photo) [ ]  Child Under 18

(Location where photographs taken - town/country)

Procedure(s)

[ ]  Yes, KDA has permission to use captions or text that appear with my image.

(Signature) Patient/Parent/Guardian (Date)

Printed name of person who signed [ ]  Witness