



NAME, IMAGE AND VIDEO RELEASE

Dr. Jones/Wyo Ortho (hereinafter "Doctor") welcome you participation and your willingness to share videos and/or photographs of yourself and/or testimonials about your experience with our practice for promotional and advertising purposes on our practice website and social media or on the practice's printed materials (collectively, "Project").

In exchange for services performed, the undersigned patient (hereinafter "patient") who is or will be videotaped and/or photographed and/or gives a testimonial in connection with this Project hereby agrees to these terms:

1. Patient hereby consents to the use of his/her name, likeness, videos, photographs and/or comments for advertising materials, social media postings and/or any other lawful purpose, together with the right to publish any materials that are used in the Project.
2. Patient also grants Doctor a non-exclusive, irrevocable, worldwide, royalty-free license to reproduce, distribute, and publicly display his/her photograph, videos or comments as well as patient's first name, last initial and hometown in any media, print promotion and/or other publication in any locale and in perpetuity.
3. Patient also acknowledges that any comments are original and accurate and Patient hereby grants permission to Doctor to edit the photographs, videos and/or comments as needed for the appropriate marketing/advertising venue.

I am over 18 years of age and have the right to make this agreement.

Patient Signature: _____ Date: _____

Print Name: _____

Address: _____

(If the signatory is under 18, the parent or legal guardian of the minor patient must sign below)

I, as the parent/legal guardian of _____, agree to the above and I sign this document to signify my agreement.

Signature: _____ Date: _____

Print Name: _____

Address: _____