



REGENESIS

PLASTIC SURGERY AND SKIN CARE CENTER

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PHOTO RELEASE

I, _____ DOB _____; hereby grant ReGenesis Plastic Surgery & Skin Care Center the right to use photographs of me. I understand that I do not have any intellectual property rights in or to these images. Please select the areas in which you give ReGenesis Plastic Surgery & Skin Care Center the permission to use:

- Yes No Medical purposes related to case.
- Yes No Scientific purposes, including seminars, lectures and medical articles.
- Yes No Before and after photo album within the office.
- Yes No Before and after photographs to our website.
- Yes No Before and after photographs to our social media pages
(Facebook, Instagram, Twitter)
- I decline the use of my photos entirely**

I understand I will NOT be identified explicitly by name in any use. That said, I understand that in some circumstances the photographs may portray features that will make my identity recognizable. Hence, I understand while efforts will be made to balance my interest in privacy with intended use, it is impossible to guarantee a third party will never be able to connect the photograph with my identity.

ReGenesis Plastic Surgery & Skin Care Center need not approach me again for authorization to use these photographs unless the usage differs from that listed above. If I ask ReGenesis Plastic Surgery & Skin Care Center to terminate use of these photographs, I will do so in writing and communicate to ReGenesis Plastic Surgery & Skin Care Center and recognize that it will likely take a reasonable time period to accomplish. For example, to remove such photographs from a website may take some coordination with the webmaster.

I hold ReGenesis Plastic Surgery & Skin Care Center harmless from any liability related to use of these photographs for the purposed outlined above. I further hold ReGenesis Plastic Surgery & Skin Care Center harmless for any third party use of these photographs unrelated to direct, immediate, and proximate action by ReGenesis Plastic Surgery & Skin Care Center.

I understand that ReGenesis Plastic Surgery & Skin Care Center is not obligated to make use of its rights set forth herein. Copyright to photographs is retained by ReGenesis Plastic Surgery & Skin Care Center.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____