



Oculofacial & Plastic Surgery CONSULTANTS

Photo/Video Release Form for OPSC Publicity

OPSC would also like to use your photos, and in some cases videos, for employee training purposes as well as to represent and publicize our quality of services in our publications, website, and other media outlets.

By signing below, I authorize OPSC to use my physical likeness in any format without payment or any other consideration and waive any right to royalties or other compensation related to the use of the photo or video likeness. I understand and agree that these materials will become the property of OPSC and will not be returned. I authorize OPSC to edit, alter, copy, exhibit, publish or distribute this photo or video likeness for purposes of publicizing OPSC's programs or for any other lawful purpose, including joint advertising. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

If the patient is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent/guardian of the patient, and do hereby give my consent without reservation to the foregoing on behalf of this person.