



Patient Consent/Release for interview, taping and/or photography Form

PATIENT NAME: _____

PATIENT'S EMAIL ADDRESS: _____

PATIENT'S MAILING ADDRESS: _____

I hereby assign full copyright of these photographs, interview, and or video to Orthotics & Prosthetics of Pinehurst (and the related representatives and assigns) together with the right of reproduction either wholly or in part.

I grant to Orthotics & Prosthetics of Pinehurst or licensees or assignees the permission to the above-mentioned photographs either separately or together, either wholly or in part, the perpetual and irrevocable and unrestricted right to use and publish video and/or photographs of me, or where I may be included for editorial trade, product advertising and such other fashion /business purpose in any manner and medium.

Orthotics & Prosthetics of Pinehurst and licensees or assignees may have unrestricted use of these for whatever purpose, including advertising, with any retouching or alteration without restriction.

I undertake not to Prosecute or to institute proceedings, claims or demands against either Orthotics & Prosthetics of Pinehurst or his or her agents in respect of any usage of the above-mentioned photographs. I hereby release Orthotics & Prosthetics of Pinehurst from all claims and liability relating to images, video or photographs taken of me.

I grant to Orthotics & Prosthetics of Pinehurst the right to take photographs of me and my property in connection with the above-identified patient. I authorize Orthotics & Prosthetics of Pinehurst to use and publish the same in print and/or electronically. I agree that Orthotics & Prosthetics of Pinehurst may use such photographs of me with or without my first name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read this release form carefully and fully understand its meanings and implications.

Orthotics & Prosthetics will not share Protected Health Information with anyone.

Signed: _____ date: _____

Important: If the Patient is under 18 year of age, a parent or legal guardian must also sign

parent/guardian: _____ date: _____