

**CONSENT AND RELEASE FOR USE OF PHOTOGRAPHS,  
DIGITAL IMAGES AND/OR VIDEOTAPES**

For good and valuable consideration, the receipt of which is hereby acknowledged, I, the undersigned Patient, hereby authorize Elie Sader, MD, PLLC (the "Practice"), aided by such assistants, photographers, or technicians as it may engage for this purpose, permission to use my likeness in a photograph, digital recordings and/or videos in any and all of its publications, including but not limited to all of the Practice's printed and digital publications of me before, during, and after any treatment to me.

I further grant the Practice the ongoing and unrestricted right to edit, alter, copy, exhibit, publish, distribute, use and reuse my images for general information, education, scientific, medical, and research purposes or for any other lawful purpose which it may deem fit with the understanding that my name will never be used to identify me. The images may be conveyed or displayed for those purposes, including use in print, on the internet and all other forms of media. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or relating to the use of the photographs, digital recordings and/or videos.

I agree that the Practice is the exclusive owner of all copyright and other rights in such photographs, recordings and/or videos and it has the right and unrestricted permission to use, reproduce or publish such photographs, recordings or video in any manner and in any media now known or hereafter discovered or developed.

I hereby hold harmless and forever release, waive and discharge the Practice and its office staff, including photographers or technicians, from any and all claims, demands, and causes of actions which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

There have been no representations or inducements concerning this consent, except as set forth herein. I am at least 18 years of age and am of sound mind and body. I have read this consent and release and fully understand the contents, meaning, and impact.

---

Patient's Printed Name

---

Date

---

Patient's Signature