



## VAYU ADVANCED WOUND CLINIC & HYPERBARICS

I hereby consent to allow VAYU, its agents, representatives, employees, successors, or assign to photograph, videotape, and voice or date record me. I further grant VAYU the right and permission to copy-right, reproduce, broadcast, telecast and/or publish the photograph(s), film, videotape, recordings, endorsement or copy in which I may be included in whole or part, or composite form for utilization in diagnostics, documents treatment and/or teaching or demonstration purposes, or art purposes, trade, web site use, advertising and all advertising media, or for any lawful reproduction purpose; I further agree to release, Vayu Advance Wound Clinic & Hyperbarics, its agents, representatives, employees, successors, or assigns from any liability by virtue of any blurring, distortion, or use in composite form, that may occur or be produced in the taking and reproducing of said photograph(s), videotape, or recording, or in any processing tending toward the completion of the finished product. I understand that these images will be stored in a secure manner to protect them from unintended use by unauthorized parties.

I Understand and agree these images or recordings may include or infer information regarding medical conditions and/or treatment at Vayu Advanced Wound Clinic & Hyperbarics locations and affiliated entities.

I Understand and agree that I have the right to rescind this agreement and VAYU will not make any additional media placements using my images or recordings. I also understand that VAYU will not withdraw any media where my images or recordings have already been placed. To rescind approval; I must submit a request in writing to VAYU Advanced Wound Clinic & Hyperbarics.

Please list any restrictions: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian (if above person is under 18 years of age or unable to sign)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_