



Photo and Video Release

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, authorize Carmelo Plateroti D.O., a professional corporation, DBA Plateroti Dermatology, permission to use my likeness in a photograph or video in any and all of its publications, including but not limited to all material printed and digital publications. I understand and agree that any photograph or video using my likeness will become property of Carmelo Plateroti D.O., a professional company, DBA Plateroti Dermatology, and will not be returned. I acknowledge that since my participation with these said photographs and videos is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Carmelo Plateroti D.O., a professional company, DBA Plateroti Dermatology, to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Plateroti Dermatology's programs or for any other related, lawful purpose. In addition, 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 related to the use of the photograph. I hereby hold harmless and release and forever discharge Carmelo Plateroti D.O., a professional corporation, DBA Plateroti Dermatology from all claims, demands, and causes of action which I, my heirs, representatives, executors, and administrators, or any other persons, acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

() I, _____, understand and consent to the above agreement.

() I, _____, opt out of and do not consent to the above agreement.

Signed by (print first and last name)

_____ of Carmelo Plateroti D.O., a professional corporation, DBA Plateroti Dermatology with the intent of being legally bound on the following date: _____ Witness: _____

() I consent to full photo series.

() I consent to close up photos only (no full face).

Patient Signature: _____ **Date**
