

Kohn Medical & Weight Loss

5081 N Rainbow Blvd, Suite # 110

Las Vegas, NV 89130

Phone: (702) 487-6500 Fax (702) 487-6501

CONSENT TO PHOTOGRAPH

I _____, the undersigned, do hereby authorize Kohn Medical and Weight Loss and its staff to photograph me.

I hereby acknowledge that this photograph belongs to Kohn Medical and Weight Loss and I understand that Kohn Medical and Weight Loss intends to use this photograph for the purpose of education and promotion for weight loss purposes.

I consent to this photograph being published, exhibited, reproduced, copied and used by Kohn Medical and Weight Loss. This authority specifically includes incorporating this photograph or replicas thereof in any materials distributed by Kohn Medical and Weight Loss, including a website, DVD, or print materials.

Signature of adult in photo:

Date _____ Patient Signature _____

Date _____ Witness Signature _____