

## PHOTO, VIDEO AND SOUND RECORDING RELEASE AND CONSENT FORM

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to Wayne Cheng, MD/Gordon Yee, MD; and his agents, employees, successors, licensees, and assigns to take and use photographs, video or sound recordings of you for the **following projects: patient testimonials; teaching and research files as well as presentations. This is completely voluntary and up to you.**

Your consent to the use of the photographs, video and sound recordings and your image, likeness, appearance, and voice is for forever. **You will not receive compensation for the use of your image**, likeness, appearance, and voice now or in the future. Dr. Cheng/Dr. Yee may use the photographs, video and sound recordings containing your image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video and sound recordings may be used for any educational, institutional, scientific or informational purposes whatsoever, but not for any mass-production commercial uses. Dr. Cheng/Dr. Yee has the right and may allow others educational entity to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at Dr. Cheng's/Dr. Yee's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to Wayne Cheng, MD/Gordon Yee, MD.

You further give permission to Wayne Cheng, MD/Gordon Yee, MD to use your name, biography, and any other events, or other material in or in connection with any such uses of the photographs, video and sound recordings.

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. I irrevocably give consent to Wayne Cheng, MD/Gordon Yee, MD and his officers, agents, employees, successors, licensees, and assigns forever to make use of my image, likeness, appearance, and voice in photographs, video and sound recordings as described above. **I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.**

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Printed Name of Participant

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Signature of Participant

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Date