



## Photo & Videography Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Plastic Surgical Arts, PC, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

(b) Permission to use my name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

OR - Please circle (d) below to only give permission for viewing of before and after photos to future patients.

(d). I ONLY GIVE CONSENT FOR MY PHOTOS TO BE USED FOR FUTURE PATIENT USE ONLY AND TO NOT BE USED IN ANY ADVERTISEMENT OR PRINT OR TO LEAVE THE PROPERTY OF PLASTIC SURGICAL ARTS.

This consent is given in perpetuity, and does not require prior approval by me.

Name: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent  
or Legal Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

This form may be faxed to (402) 483-2619 or emailed to [lincolnplastics@gmail.com](mailto:lincolnplastics@gmail.com)

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