



LCI Photography Release Form

Name (printed): _____

Date: _____

I hereby give permission for my photograph to be taken by Lakes Cosmetic Institute staff to be used to evaluate my skin thoroughly, keep sequential records and to allow the staff to communicate with me more completely.

Furthermore, I give Lakes Cosmetic Institute, the absolute and irrevocable right and permission to photograph, film, videotape, audio record and/or portray your name, voice, image, actions and/or likeness for use and exploitation in connection with medical education and the practice including website, marketing, and promotional materials.

When the material has been uploaded to a social media website or other website, the use and contractual obligations may be perpetual and irrevocable, and it may not be possible to ensure that all copies of the material are deleted or cease to be used, and Lakes Cosmetic Institute is not responsible for doing that.

LCI has the right to use, incorporate, broadcast, distribute, reuse, publish, republish, alter and/or edit the material and/or the patient's name, likeness, voice and portrayal in whole or in part, severally or in conjunction with other material for any purpose and in any manner whatsoever as LCI so chooses in any and all media.

All rights in and to the material are the sole and absolute property of the provider. If there is death or disability after the release is signed, the release shall survive.

LCI cannot be sued for any claims or cause of action, whether known or unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action based upon or relating to the use of the material.

This consent form is valid until all or part is revoked by me in writing.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____