



PHOTO/VIDEO RELEASE FORM

I, _____ hereby give Germain Dermatology and its individual Providers of services at all locations in South Carolina, the irrevocable right to use my name, picture, photograph, video, or other depiction(s) thereof or likeness in all forms of media and in all manners, including composite or other representation, for advertising, website, trade, or any other lawful purpose, and I waive the right to inspect or approve the finished product, including copy that may be created in connection therewith. I also waive any rights of compensation or ownership thereto.

I have read this release and I am fully familiar with its contents and competent to make this release. I agree to hold harmless Germain Dermatology from any claims for damage, libel, slander, or invasion of privacy. It is understood that my participation in this video or photos is done of my own free will.

Name of Participant:

Print _____ Sign _____ Date: _____

Address: _____

Phone: _____

E-mail: _____ @ _____

Testimonial (optional)

Will you allow us to use your testimonial in marketing materials for Germain Dermatology?

____ YES ____ NO
