



FAULKNER
UNIVERSITY
CENTER FOR THERAPY AND RESEARCH

PHOTO CONSENT FORM

Patient/Patient Guardian _____ hereby acknowledge that this Photograph Release Form (hereinafter referred to as "Form") becomes effective on _____.

I/Guardian hereby authorize, Faulkner University Center for Therapy and Research to edit, change, copy and make any use of all photographs of me to be used for promotional materials.

I/Guardian hereby acknowledge that I will not be entitled to payment or any sort of charge for such action.

I/Guardian authorize the use of my photograph for, but not limited to, publication on the internet, printed pamphlets, journals, articles, etc. provided that it is done for promotion of the Faulkner University Center for Therapy and Research.

Upon the usage of patient photographs, I/Guardian consent to such materials becoming the sole property of Faulkner University Center for Therapy and Research.

I/Guardian hereby release all rights to any, but not limited to, claims, rights, demands and/or any causes of action by me or my representatives, heirs or anyone else.

Furthermore, I/Guardian hereby waive patient rights to any royalty or any other compensation with regard to the usage of the photos referred to in this Form.

FAULKNER CLINIC REPRESENTATIVE

PATIENT/PATIENT GUARDIAN

Name: _____

Name: _____

Title: _____

Guardian Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

