



Photo Release

I hereby authorize Lymphedema Rehab, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish photographic pictures of me to be used to show progress with my treatment as well as to be used for future marketing, to include brochures, website, magazines, catalogs, etc. I understand that my face will not be visible in the photos, nor will my name be connected with the photos in any way.

I hereby waive any right to inspect or approve of the photograph prior to use by Lymphedema Rehab, its employees, and those acting with its authorization.

I hereby release Lymphedema Rehab, its employees, and those acting with its authorization from liability of any personal or proprietary right I may have in connection with such use. I understand that my photos will remain the property of Lymphedema Rehab.

I have read and fully understand the terms of this release.

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Signature: _____ Date: _____

If patient is under 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____