

Procedure Performed(s) _____ Date of Procedure _____

**CHANGES PLASTIC SURGERY & SPA
PHOTO/VIDEO AGREEMENT AND RELEASE**

For good and valuable consideration (the receipt and sufficiency of which I hereby acknowledge) I hereby consent and authorize California Institute of Plastic and Reconstructive Surgery, Inc., D.B.A. Changes Plastic Surgery & Spa ("Changes Plastic Surgery & Spa") its successors, legal representatives and assigns that you may film tape, photograph and otherwise record me, and hereby grant to you the universal and perpetual right and license to use, and to grant to others the right and license to use, my likeness (including, without biographical material, nickname, signature (original or faxed) and any other reproduction of my physical likeness (as the same may appear in any still camera photography and/or motion picture film or tape) in and in connection with the production, distribution, sale, licensing, marketing, advertising, merchandising, promotion, exhibition, publicizing, and other exploitation of (including, without limitation, any ancillary products in connection with) any and reproduce my name, photograph, picture and video film in all forms and media, for any and all purposes including publication and advertising of every description for Changes Plastic Surgery & Spa and its products or service. I Authorize Changes Plastic Surgery & Spa to write a quote taken from my testimonial under my name for use with the photos and/or videos. You shall be the sole and exclusive owner of the results and proceeds of any filming, taping, photography or other recordings conducted pursuant to this Release.

I hereby release you from all liability and obligations to me of any and all nature whatsoever arising out of or in connection with the exercise of the rights granted above, including, without limitation, from any liability for violation of the rights of privacy, publicity, defamation, or any similar right. I agree that I shall be entitled to no additional consideration as a result of the exercise of the rights granted herein and that you may rely upon this agreement in preparing any new product advertising campaigns in the future. I understand that this Release is irrevocable. Accordingly, I hereby irrevocably waive any right to seek an injunction or other equitable relief or to otherwise prevent the full exploitation of all right granted in this Release.

I hereby agree to retain in the strictest confidence any and all elements relating to my involvement with Changes Plastic Surgery & Spa and all information, communications and materials (the "Confidential Information") disclosed to or in any manner obtained by me throughout my association with the Corporation. I hereby acknowledge that the disclosure of any such Confidential Information will materially affect you and the Corporation.

The word "you" as used herein shall mean CALIFORNIA INSTITUTE OF PLASTIC AND RECONSTRUCTIVE SURGERY, a medical corporation, D.B.A. Changes Plastic Surgery & Spa, and its affiliated companies, successors, assigns and licensees. I warrant to you that I am at least 18 years of age and have the full, complete and unrestricted right and authority to enter into this agreement without the consent of any third party.

Dated: _____
Witness: _____
Witness: _____

Print Name

Provider Name: _____

Sign Name: _____
Print Name: _____
Address: _____

Telephone: _____