



# Authorization

**For Release of Medical Photographs, Slides,  
and/or Video Footage**



**VIDEOTAPE AND PHOTOGRAPHS  
RELEASE AND AUTHORIZATION**

I hereby irrevocably consent to and authorize the use and reproduction by the American Society of Plastic Surgeons (ASPS) and its affiliates, or anyone authorized by any of them, of any and all photographs, electronic images, or video footage of me taken by ASPS, or that ASPS has in its possession, provided either by me or by a third party (collectively, Images) for the purpose of informing the medical profession and the general public about plastic surgery and plastic surgery procedures and techniques without compensation to me. Such use shall include, but not be limited to, distributing the Images via print, visual, and electronic media, specifically including the ASPS website and social media sites such as YouTube, Facebook, and Twitter. The Images (including any photographic negatives) shall be the sole property of ASPS. ASPS also shall have the right to use my name in connection therewith if it so chooses.

I hereby waive any right to inspect or approve the finished product, photograph, video, DVD, CD-ROM, or matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge, and agree to hold harmless ASPS and its affiliates and their respective representatives, assigns, and employees, and any person acting under their permission or authority, from and against any claims whatsoever in connection with the use of my Images and name and the reproduction thereof as stated above, including any claim for payment in connection with distribution or publication of the video and/or photographs.

I hereby warrant that I am over twenty-one years of age and competent to contract in my own name insofar as the above is concerned.

I have read and understand the foregoing release, authorization, and agreement, before signing my name below, and enter into it knowingly and voluntarily.

Date/Time: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

I have read the above Release and Authorization. I am the parent, guardian, or conservatory of \_\_\_\_\_, a minor. I am authorized to sign this authorization on his/her behalf and I give this authorization in the interest of public education.

Date/Time: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_