



Photo, Audio, & Video Release Form

I, _____, hereby grant permission to Elite Sedation General Partnership (“Elite Sedation” or the “Company”) and its employees to take photographs, audio, and/or videos (collectively referred to as “multimedia”) of me, my likeness, and my overall appearance during my visit/appointment.

I understand that multimedia may be used for educational, training, and marketing purposes, including but not limited to social multimedia, websites, print materials, and other forms of marketing. I understand that Elite Sedation has the right to edit and use these multimedia as they see fit.

I also understand that I will not receive any form of compensation or financial remuneration from the use of these multimedia.

I also understand that once the multimedia is used, Elite Sedation has no control over the use of the images by third parties, who may also use this multimedia for their own purposes.

I release and discharge Elite Sedation, its owners and employees from any and all claims, demands, or causes of action that I may have against them arising out of or in connection with the use of this multimedia.

I hereby acknowledge that I have read and fully understand the terms of this release and that I have had the opportunity to ask any questions that I may have before signing.

By signing this release, I certify that I am at least 18 years of age.

If under 18 years of age, a parent or legal guardian must sign this release.

Patient Name: _____

Patient Signature: _____

Date: _____

(If patient is under 18)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____