



Patient Photography/Videography Consent Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Evergreen Prosthetics and Orthotics, LLC and its affiliates, to use my image and likeness and/or any video interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

A. Permission to interview, photograph, tape, or otherwise make a video reproduction of me and/or my voice;

B. Permission to use my name; and

C. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, and other print media, on television, radio and electronic media, including the Internet.

This consent is given in perpetuity and does not require prior approval by me.

Name (first, last): _____

Signature: _____

Email Address: _____

Phone Number: _____ Date: _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Name of Parent or Guardian: _____

Signature of Parent or
Guardian: _____