

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged

I, _____, hereby grant KOGER DERMATOLOGY permission to use my likeness in a photograph in any and all of it's publications, including but not limited to all of KOGER DERMATOLOGY's printed and digital publications. I understand and agree that any photograph using my likeness will become property of KOGER DERMATOLOGY and will not be returned.

I acknowledge that since my participation with Koger Dermatology is voluntary. I will receive no financial compensation.

I hereby irrevocably authorize Koger Dermatology to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing Koger Dermatology's programs or for any other related lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of, or related to the use of these photographs.

I hereby hold harmless and release and forever discharge KOGER DERMATOLOGY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Signed by _____ of _____,
_____, with the intent of being legally bound on

By: _____ Date: _____

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