

HARTSDALE MEDSPA

WEIGHT LOSS & LASER BODY CONTOURING

PATIENT RELEASE FOR USE OF TESTIMONIAL AND IMAGES

I irrevocably grant Hartsdale Medical Weight Loss LLC the perpetual, unrestricted, royalty-free right and permission, throughout the world in any existing or subsequently invented media, to use, reproduce, display, sell, publish, and reuse and republish my treatment, including my first name, last name and city of Hartsdale, and any and all **images** of me taken on the date and at the location listed below. "Images" include, but are not limited to, photographs, negatives, video and digital images of me provided to Hartsdale Medical Weight Loss LLC and any derivative works created therefrom. I consent to all uses of the treatment story, my first and last name, city of Hartsdale and Images.

I waive any right to view, inspect or approve any use of any Image and materials incorporating any Image now or in the future, whether that use is known to me or unknown. I consent to the use of any printed matter or text or otherwise, in conjunction with any and all uses of my Images. All Images are the copyrighted property of Hartsdale Medical Weight Loss LLC. Hartsdale Medical Weight Loss LLC may also choose not to use the Images.

My treatment story as shared with Hartsdale Medical Weight Loss LLC, in the form of my written testimony attached hereto, or other information shared verbally with Hartsdale Medical Weight Loss LLC representatives, may be reproduced and published in whole or in part and may be adapted in any manner to facilitate its use in connection with Hartsdale Medical Weight Loss LLCaesthetics program so long as the general sense of the story is not changed.

I have received no monetary compensation for the use of my story and/or Images.

I agree that I will not hold Hartsdale Medical Weight Loss LLC or any of its affiliates or agents responsible for any liability resulting from the use of treatment story and/or my Images in the manner described above, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against all claims, damages or liability arising from or related to the use of the Images, including by not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, whether intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I understand that Hartsdale Medical Weight Loss LLC cannot prevent unauthorized third parties from downloading, copying, and/or distributing my treatment story or Images from the Internet.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. This release constitutes the entire agreement between me and Hartsdale Medical Weight Loss LLC and cannot be changed unless amended in a writing signed by Hartsdale Medical Weight Loss LLC and me. All prior agreements on this subject have been incorporated into this release. If any provision of this release is invalid, the remaining provisions continue in full force and effect. The laws of the state of New York govern this release. This release shall be binding upon me and my heirs, legal representatives, and assigns. I am over 21 years of age, am competent to contract in my own name and have the right to make this agreement.

Location of Photo (if taken): Hartsdale, New York Date Taken: _____

Legal Signature: _____ Date Signed: _____

Printed Full Legal Name: _____

Current Contact Information and Address: Phone:

Street: _____ (H): _____

(O): _____

City, State, ZIP _____