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**PHOTOGRAPH
RELEASE AND AUTHORIZATION**

I hereby consent to and authorize the use and reproduction by Rao Plastic Surgery and its affiliates, or anyone authorized by any of them, of any and all photographs, electronic images or video footage of me taken by Rao Plastic Surgery, or that Rao Plastic Surgery has in its possession, provided either by me or by a third party (collectively, Images) for the purpose of informing the medical profession. If the photographs are used for the general public about plastic surgery and plastic surgery procedures and techniques, Rao Plastic & Hand surgery will obtain a verbal consent at my 3 month post-operative appointment and explain that this will be done 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 Rao Plastic Surgery website. The Images (including any photographic negatives) shall be the sole property of Rao Plastic Surgery.

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. Photographs with tattoos or other markings will be altered to ensure there is no recognition of the identity of the patient in the photo.

I hereby release, discharge and agree to hold harmless Rao Plastic Surgery 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: _____ 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 _____ Printed Name: _____

Signature: _____