



WOUND CARE and HYPERBARICS

Photo/Video-Audio Consent

I hereby consent to allow R3 Wound Care and Hyperbarics, its agents, representatives, employees, successors, or assign to photograph, and or videotape. I further grant to R3 Wound Care and Hyperbarics the right and permission to copy-right, reproduce, broadcast, telecast and/or publish the photograph(s), film, videotape, recordings, endorsement or copy in which I may be included in whole or part, or composite form for utilization in diagnostics, documentation, treatment and/or teaching or demonstration purposes, or art purposes, trade, web site use, advertising and all advertising media, or for any lawful reproduction purpose; I further agree to release R3 Wound Care and Hyperbarics, its agents, representatives, employees, successors, or assigns from any liability by virtue of any blurring, distortion, or use in composite form, that may occur or be produced in the taking and reproducing of said photograph(s), videotape, or recording, or in any processing tending toward the completion of the finished product. I understand that these images will be stored in a secure manner to protect them from unintended use by unauthorized parties.

I understand and agree these images or recordings may include or infer information regarding medical conditions and/or treatment at the R3 Wound Care and Hyperbarics locations and affiliated entities.

I understand and agree that I have the right to rescind this agreement and R3 Wound Care and Hyperbarics will not make any additional media placements using my images or recordings. I also understand that R3 Wound Care and Hyperbarics will not withdraw any media where my images or recordings have already been placed. To rescind approval; I must submit a request in writing to R3 Wound Care and Hyperbarics.

Agree

Disagree

Please list any restrictions:

Date: ___/___/___ Signature: _____

Print Name: _____

Guardian (if above person is under 18 years of age or unable to sign)

Date: ___/___/___ Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Codes: _____