

## Media Consent and Release Form

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I agree that Fotona have complete ownership of such media, including the entire copyright, and reserves the right to crop and edit the photographs, recordings and/or quotes to use them for any purpose consistent with Fotona's missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, broadcasts, electronic media activities (including the internet) and any promotional or educational materials in any medium now known or later developed, in perpetuity.

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I acknowledge that I will not receive any compensation or any other form of remuneration, now or in the future for the use of such media, and hereby release Fotona from any and all claims which arise out of or are in any way connected with such use.

I understand that, by granting this authorization, I am improving patient healthcare and patient education, which constitutes adequate consideration for this authorization.

I, \_\_\_\_\_, am the owner and copyright holder of the photo(s) / image(s) described as:

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[Photo(s) / Image(s) Description]

I acknowledge that I have read and understood the terms of this release. This consent is given in perpetuity, and does not require prior approval by me.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_