

## CONSENT FOR PHOTOGRAPHY, VIDEOTAPING OR PUBLICATION

I, \_\_\_\_\_ do hereby voluntarily participate and give authorization to appear in filming, photographs, videotaping and/or interviews for Refresh Cosmetic Surgery's public relations and advertising. I do hereby consent to the unlimited use of such product or interview in Refresh Cosmetic Surgery's publications and/or website, news media reports, newspapers, magazine, television or radio, billboard or any type of advertising.

I do hereby release Refresh Cosmetic Surgery, its agents and employees from all liability in connection with the above. I waive any right to inspect or approve the finished product or the advertising or other copy that may be used in connection with the above. I hereby consent to the above, without expectation of remuneration to me now or in the future, and this shall be binding upon my heirs, personal representative and assigns.

I agree to allow my records to be reviewed by other surgeons of Refresh Cosmetic Surgery for the purpose of peer reviews.

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Signature of Patient or Subject

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Date