



**FRANKENMUTH
MEDICAL
ASSOCIATES**

PHOTO RELEASE FORM

I, _____ hereby grant and authorize Frankenmuth Medical Associates the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me ("product") to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

This authorization extends to all languages, media, formats, and markets now known or later discovered. This authorization and release shall be irrevocable and continue indefinitely.

I waive any right to inspect or approve any product in which my likeness appears, including written or electronic copy.

I agree that I have received sufficient consideration for entering into this release. I further waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of Frankenmuth Medical Associates and will not be returned.

I hereby agree to indemnify and hold harmless and release Frankenmuth Medical Associates from all liability, including reasonable attorney's fees, petitions, and causes of action which I, my heirs, representative, personal representatives, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I agree that this release shall also be binding upon and is signed on behalf of myself, as well as any minors or wards for which I am parent, guardian, or conservator. This release shall be binding upon my or their heirs, estates, successors, administrators, and assigns.

Printed Name: _____ Date: _____

Signature: _____