



## VIDEO/ PHOTO RELEASE FORM

Without expectation of compensation or other remuneration, now or in the future, I, \_\_\_\_\_, grant permission and consent **BioPhotas, makers of Celluma Light Therapy**, to use my submitted assets (video(s) and/or photograph(s)) for use in its marketing promotional materials including but not limited to educational presentations, publications, advertising, or other media activities, including the Internet (“web content and social media”).

By initialing, you have read, understood, and agree to parts “a-e”:

\_\_\_\_\_ - (a) I am 18 years of age or older and agree to the below terms.

\_\_\_\_\_ - (b) I give BioPhotas permission to use my name;

\_\_\_\_\_ - (c) I give BioPhotas permission to tag my social media handle, @ \_\_\_\_\_, to give credit where it is due; and

\_\_\_\_\_ - (d) Permission to use quotes from the video(s) (or excerpts of such quotes), photograph(s), and/or recording of my voice, in part or whole, in its publications, in newspapers, magazines, and other print media, on television, radio and electronic media, including the Internet (“web” or “social media”) for educational purposes and awareness.

\_\_\_\_\_ - (e) - I understand that videos and photographs will be stored in a secure location, and only authorized BioPhotas staff will have access to them. They will be kept as long as they are relevant and, after that time, destroyed or archived.

Today I am submitting:

\_\_\_\_\_  
Video(s)

Today I am submitting:

\_\_\_\_\_  
Photograph(s)

I hereby voluntarily release and forever discharge BioPhotas from all claims and liability relating to said photograph(s)/video(s). My signature below indicates that I have read this entire agreement, understand that it affects my legal rights, and understand that it waives my right to sue BioPhotas.

This consent is given in perpetuity and does not require prior approval by me.

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

Organization: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please submit this completed release form along with your video(s) and/ or photograph(s) to:

Anissa Medina at <[anissa.medina@biophotas.com](mailto:anissa.medina@biophotas.com)>