



Appearance Release Form

Full Name: _____

Address: _____

Phone #: _____

The above named and undersigned ("Participant") does hereby consent to the use by Ogden Clinic, P.C. and its successors and assigns, assignees, grantees and licensees (collectively referred to as the "Clinic") of Participant's, pictures, likeness, poses, voice, actions, story and other combination of any of these in connection with the Clinic's marketing, advertising, publicity, or to track the progress of medical treatment (the "Work"). Participant also hereby assigns and grants unto the Clinic the irrevocable and unconditional power, right, privilege and permission to exhibit all or any part of said Work in any and all media in the world and in perpetuity.

Participant also understands that Participant is participating on a voluntary basis and there is no compensation or other remuneration for participation in the above named Work.

Participant hereby releases and discharges the Clinic from any and all claims for compensation, libel, invasion of privacy, rights of publicity, and all other liability arising out of or in connection with the making, producing, reproducing, processing, exhibiting, licensing, distributing, publishing, transmitting by any means or otherwise using the above-named Work.

Participant certifies and warrants that Participant is legal age, has full power, right and authority to enter into this Consent and Release, has read same in its entirety and understands all of its terms and provisions.

Participant's Signature

Date

If participant is under 18 years of age, Parents or Legal Guardian must sign below: I agree to all the terms and conditions of this release form.

Parent's or Guardian's Signature

Date