**Consent to Use Photo(s)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give Bingham Healthcare the absolute and irrevocable rights to use my submitted photo(s) and/or images, and artwork on the internet, in print publications, video, and multimedia presentations, and/or for any purpose that may include, but not limited to, display in exam rooms, public relations, marketing, or designs.

I understand that my photo(s) and/or images may be used for display or advertisement for the web site and/or literature published. I hereby waive the right to inspect or approve the photo(s) and/or images prior to any form of usage. I understand that my photo(s) and/or images may be modified to be used as design elements.

By signing this agreement, I am giving Bingham Healthcare the right to use my name and own the photo(s) and/or images, and artwork and use them for any purposes without further approval from me. I am releasing all rights to any submitted photo(s) and/or images, and artwork.

This agreement is a permanent licensing agreement that allows Bingham Healthcare to use any images, quotes and/or my name for any publishing purposes in the promotion of Bingham Healthcare. I will not hold Bingham Healthcare responsible for any use or misuse of my name, photo(s) and/or images. I agree to hold harmless, Bingham Healthcare, from any and all actions, claims, and demands rising out of or in connection with the use of all or any part of the photographs (including computer images or reproductions of any kind), including any editorial or comment which may accompany the images in their displayed format and/or my name. I will not hold Bingham Healthcare liable for any errors, negligence, or gross negligence, in the editing or displaying of said photo(s), images, artwork, quotes, and/or in the use of my name.

I certify, by signing below, that I am of legal age, 18 years of age or older. I have read this agreement and fully understand the contents herein.

Individual’s Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Type of Identification Presented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Date this agreement signed: \_\_\_\_\_\_\_\_\_\_\_