

## Photography Consent Form/Release

Procedure(s): \_\_\_\_\_

I, (print name) \_\_\_\_\_, hereby grant permission to SmartLipo Insitutue to take and use photographs and/or digital images of me for use in promotional and/or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I understand that the photographs and/or digital images may also be used by the American Academy of Cosmetic Surgery, of which Dr. Tood Malan ] is a member. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Dr. Todd Malan.

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

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

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

Telephone: \_\_\_\_\_