



## MEDIA CONSENT FORM

BLUR EYES: YES  NO

Name:

DOB:

### Video & Photo/Media Consent

**I hereby acknowledge and consent to having preoperative and postoperative photographs & videos taken of myself. I hereby give my consent for YOLANDA HOLMES, MD related internal brand(s) staff to use the photographs/video content including details about my procedure or treatment, age, pre & post op details under one of the following circumstances.**

Please initial the following:

**Website/Internet:** Photographs or video taken of me or parts of myself as well as details regarding medical services that I have received at [Company Name] may be used on the Internet or any company websites or web advertisements. Further, I release and discharge [Company Name]; and all parties acting under their license and authority, from any and all claims that I have or may have relating to such use and publication.

**Social Media/All Media Projects:** Photographs or video taken before, during and after my procedure of myself as well as details regarding medical services that I have received to include my procedure, as well as my personal demographic information (including my dob, age, race, height, weight, etc.) may be used when publishing any of my produced photos and/or footage. Content can be used in any [Company Name] social media account platform created now or in the future including SnapChat, Facebook, Instagram, Twitter, Pinterest, YouTube, broadcast media, printed materials not necessarily limited to newspapers, pamphlets, educational films, internet, and television, in order to inform the public about procedures and products offered by [Company Name] as well as it's accompanying brands. Further, I release and discharge [Company Name]; and all parties acting under their license and authority, from any and all claims that I have or may have relating to such use and publication.

### ***I further recognize that:***

- This consent form is in **no way a guarantee** that your photos or videos will be used or turned into content.
- Only the photos/video content that we edit/produce and use publicly are available for release.



- Photos/Videos are not used in chronological or any preferred system other than the availability of quality, completed content as well as direction deemed fit by the marketing department.
- Sometimes photos/videos are not selected to be produced into content and if not, this content will not be available to a patient in its un-edited raw form.
- This consent form will supersede any other photo consent forms signed on a prior date. This consent may be changed at any time by completion of a new form.

For questions or concerns please email [yolandaholmes@yolandaholmesmd.com](mailto:yolandaholmes@yolandaholmesmd.com)

By signing this form, I acknowledge that I have given my consent as initialed above.

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

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

[Company Name] Rep: \_\_\_\_\_

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

