



Photographic and Video Release Form Arise Prosthetics LLC

I, the undersigned, grant permission to the rights of my image, likeness and sound my voice captured on video or audio recording, without payment or any other consideration, to Arise Prosthetics LLC to use my photograph or video in its efforts to provide care to me, as well as publicity efforts and promotional materials. I understand that my image may be edited, copied, cropped, altered, exhibited, published or distributed and waive any right to inspect or approve the finished product wherein my likeness appears. I understand my image may be used alone or in conjunction with other photographs, videos, sketches, advertising and publication in any medium whatsoever. I waive any right to royalties or other compensation.

Photographic, audio or video recordings may be used for the following purposes:

- Educational presentations
- Commercial presentations
- Online video platforms (YouTube, etc.)
- Television or broadcast media distributions

By signing this release, I understand this permission signifies that photographic or video recording of me may be electronically displayed via the Internet or in public business settings.

There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have fully read and fully understand this release and agree to be bound thereby. I hereby release any and all claims against any person or organization using this material for the above stated purposes.

Patient name: _____

Patient signature (18 years and older): _____

Date: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Guardian signature (Under 18 years of age): _____