

**PANHANDLE PLASTIC SURGERY
PHOTO AND MEDIA CONSENT**

- Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Panhandle Plastic Surgery and Dr. Elise May to use my image(s), video(s) and photographic likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet and Social Media sites).
- I hereby consent to the collection and use of my personal images by photography.
- I further acknowledge that Panhandle Plastic Surgery and Dr. Elise May may use my image(s) in media to promote the practice in the future.
- I understand that no personal information, such as names or faces, will be used in any publications unless express consent is given.
- I also understand that my consent can be withdrawn at any time in writing to Panhandle Plastic Surgery and Dr. Elise May
- ____ (initials) I hereby give my express consent to the use of my name in publications.

I have read the above statements and I give this consent voluntarily:

Printed Name: _____

Signature: _____

Date: _____