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Description of Photo/Publicity : \_\_\_\_\_

Event/Site/Location: \_\_\_\_\_ DATE: \_\_\_\_\_

Photographer: \_\_\_\_\_

PHOTOGRAPHIC/PUBLICITY RELEASE FORM

Form with fields: Print Full Name, Phone Number, Social Security #, Birth Date, Address, City, State, Zip Code

Consent and permission is hereby granted to Nick H. Gabriel, DO and or associates, the practice agents and employees and to any person, firm or organization that he may designate or authorize to take photographs, pictures or motion pictures of me or any parts of my body. I further consent to the use of my likeness and voice in electronic communication transmission including but not limited to recorded videotape, website, advertising or other forms of recording for use in the production of new releases by, for or about them and their activities or functions.

The consent also indicates the use of my name and pertinent data about me and/or my medical condition or procedures when used in conjunction with the production of all the following purposes:

- 1) Newspaper or other media release
2) Before and after photos/videos/drawings/ etc.
3) Television/radio release
4) Release to other electronic or communication conduits (internet, websites, etc.)
5) Educational, instructional, or teaching purposes
6) Research activities
7) Fundraising and publicity activities/functions
8) Advertising

Note: The signer may strike-out and initial any of the above purposes not desired or authorized

- I agree that I will not appear, audio or visual, in advertising for any other healthcare system for 2 (two) years from the date this document is signed.
I do not agree to have my picture taken for before and after pictures, pre-surgical authorization marketing or any other form of videography or photography.

Further, I hereby waive and forego any right, entitlement of claim I might otherwise have to any compensation, fees or benefits by reason of any appearance on, or publication in any communications media (including rebroadcasts or reprinting) in accordance with the above. I specifically release Nick H. Gabriel, DO, his agents, employees and any person, firm, or organization that they may designate or authorize from any liability or other obligation arising out of the use of such information, videography and/or photography as I have herein authorized or from the use of any materials furnished by me in conjunction therewith.

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness: \_\_\_\_\_ Employee: \_\_\_\_\_