

PHOTO/VIDEO RELEASE FORM

I: (Name of Releasor) _____

Hereby agree and consent as follows:

- I consent and authorize Alba Weinman Hypnotherapy, P.A. to use my likeness in any photograph, video or other digital media ("Photos") in any and in all of its publications, including print or web-based publications.
- I irrevocably authorize Alba Weinman Hypnotherapy, P.A. to copy, edit, enhance, crop or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.
- I understand and agree that all Photos are the property of Alba Weinman Hypnotherapy, P.A. and will not be returned to me.
- I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.
- I agree to release and forever discharge Alba Weinman Hypnotherapy, P.A. and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.
- I have carefully read and fully understand all the provisions of this Photo/Video Release Form and am freely, knowingly and voluntarily signing.

Signature of Releasor: _____ Date: _____