

BACK & BODY PAIN RELIEF, P.C.

SHAN SIVENDRA, M.D.
DAVID PERNA, D.C., C.C.E.P.
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355 US 22 EAST, STE. D
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PHONE: 908-325-3000
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Back and Body Pain Relief

Release and Consent to Photograph and Publish

The undersigned hereby authorizes Back and Body Medical to photograph (print patient name)

_____ under the care of Back and Body Medical.

Scope of consent. The undersigned agrees that Back and Body Medical may use this photograph (s), written testimonials, audio, and transcripts for any and all purposes including, but not limited to, art, advertising, promotional, educational and medical office books and presentation used for patient decision-making and in all media, including electronic, digital and print media and that such distribution may be accomplished in a any matter and that such use is subject only to the following limitations.

Term. This release and consent shall remain in effect until rescinded at any time in accordance with the following "Notice and Termination Use" provision below, and some use may continue after that time, but only as provided in the "Notice and Termination Use."

Notes and Termination of Use. This release and consent may be rescinded at any time in accordance with the terms of this "Notice of Terms of Use" provision. Rescission of this consent must be in writing, requesting discontinuation of use of photographs, written testimonials, audio, and transcripts taken while under the care of Back and Body Medical. After receiving the written request, Back and Body Medical may continue using the photographs, written testimonials, audio, and transcripts until the existing inventory is depleted, or for television commercials, videos or similar materials, may continue using the photographs until as long as they were intended to be used at the time they were created. Back and Body Medical will not reprint existing materials or create new advertising or other materials incorporating the photographs unless otherwise allowed to do so under this "Notice and Termination of Use" provision.

Waiver. Except as specifically stated above. I hereby waive any and all other rights I may have in respect to any photographs taken of me by Back and Body Medical and all images created from them in accordance with the release and content. Without limiting the generality of the foregoing, I specifically waive any rights I may have had to be paid or otherwise compensated for the use of such photographs, and any rights I may have to inspect or approve the finished photographs, images, printed matter that that may be used in conjunction with any photographs taken of me.

Entire Agreement: This release and consent constitutes the sole agreement between Back and Body Medical and myself regarding my photographs and I am not relying on any other oral or written representation made by Back and Body Medical.

Release: The undersigned hereby releases and holds Back and Body Medical harmless from and against any claim or injury or compensation resulting from the activities authorized by this release and consent.

Patient name (print)

Patient signature

Witness signature

Date

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