



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Authorization

**For And Release Of Medical Photographs / Slides /
And / Or Video Footage**

**VIDEOTAPE AND PHOTOGRAPHS
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I hereby warrant that I am over twenty-one years of age, and competent to contract in my own name insofar as the above is concerned.

I have read and understand the foregoing release, authorization and agreement, before signing my name below, and enter into it knowingly and voluntarily.

Date: _____ Printed Name: _____
Signature: _____

I have read the above Release and Authorization. I am the parent, guardian, or conservatory of _____, a minor. I am authorized to sign this authorization on his/her behalf and I give this authorization in the interest of public education.

Date _____ Printed Name: _____
Signature: _____