



**TAMBOLI**  
**EYELID & FACIAL PLASTIC SURGERY**

## Photo Release Form

I hereby grant and authorize Diana Tamboli MD LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken to be used in and/or for presentations, legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social media, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Diana Tamboli MD LLC and will not be returned.

I hereby hold harmless, and release Diana Tamboli MD LLC from all liability petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of named above and do hereby give my consent without reservation to the foregoing on behalf of this individual.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

