



## Heart South Cardiovascular Permission to Use Photograph(s)

### Photo / Testimonial Release Form

I hereby grant Heart South Cardiovascular Group, PC, its representatives and employees, the right to use my name and likeness in a photograph or testimonial, in any and all of its publications, including website entries, videos and commercials without payment or any other consideration.

I understand and agree that these materials will become the property of Heart South Cardiovascular Group, PC and will not be returned.

I hereby irrevocably authorize Heart South Cardiovascular Group, PC to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing the Heart South Cardiovascular Group, PC organization or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or testimonial.

I hereby hold harmless and release and forever discharge the Heart South Cardiovascular Group, PC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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

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

\_\_\_\_\_  
(Printed Name)

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

**1022 North First Street \* Suite 500 \* Alabaster, Alabama \* 35007**

**Office- 205-663-5775 \* 1-866-663-5775 \* Fax- 205-621-0013**