



**WELLNESS MEDICAL CENTER LLC.**

**DR. OLENA GORDON M.D  
8937 W GOLF RD NILES, IL 60714  
P: 847-375-9711 F: 847-375-9732**

**PHOTOGRAPH & VIDEO RELEASE FORM**

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio, or video recordings may be used for the following purposes:

- promotional material
- informational presentation
- educational videos

By signing this release I understand this permission signifies that photographic or video recording of me may be electronically displayed via the Internet.

I will be consulted about the use of photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the session listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for advertising purposes.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

