

# CONSENT FORM AND WAIVER

*AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGES  
(PHOTOGRAPH OR VIDEO) AND/OR TESTIMONIALS FOR MEDIA AND PUBLIC  
RELATION PURPOSES*

I hereby give consent to **MY EYECARE** to take and use images (photographs or video), verbal statements (testimonials) and to disclose information about me to or in any public media, including internet or print, I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of **MY EYECARE**, I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of **MY EYECARE** and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to **MY EYECARE** from the use of images or disclosure of information, I hereby and forever waiver any interest in or claim to such benefits.

I hereby release and forever discharge **MY EYECARE** (including without limitation all corporate affiliates and offices, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, action, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with he use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action had been taken in reliance thereon, by notifying **MY EYECARE** in writing at: **MY EYECARE, 3950 S. US HWY 17/92, CASSELBERRY, FL 32707.**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP TO PERSON NAMED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE