

## **AUTHORIZATION AND RELEASE FORM**

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I recognize that the Belyea Affiliates are accepting photographs for possible inclusion in upcoming publication(s), in which photographs submitted by individuals will be used for the purpose of illustrating specific medical conditions. I understand that the Belyea Affiliates have the election to any photograph which I submit in their discretion. I acknowledge that the submission of any photograph is not a suitable method of receiving diagnosis or treatment of individual medical treatment, and that I should not rely solely upon any commentary provided in any publication by the Belyea Affiliates, as such commentary is intended for illustrative and educational purposes only.

I hereby hold harmless, release, and forever discharge Belyea Affiliates 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 acknowledge that I have read and understand the above Authorization and Release Form, and hereby provide my consent to all terms and conditions contained herein.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_