



GENTILE RETINA

WORLD CLASS VISION & EYE CARE

**Consent to Participation in
Publicity, Promotion, Marketing and Advertising**

Name: _____ Telephone: _____

Address: _____ Email: _____

Age: _____ (If participant is under 18 years of age)

1. I consent that a statement and/or photograph and/or video and/or movie and/or audio recording may be taken of me by Gentile Retina and/or Dr. Ronald Gentile and/or their agents) regarding my personal and medical history. condition(s) and treatment(s) at Gentile Retina and/or by its staff and/or affiliated physicians, for the purposes of publicizing, promoting, marketing and advertising their activities. programs and services.
2. I grant permission for the above-described material(s) to be distributed to news media for publication and/or broadcast and/or distribution via other means to the general public. I recognize that the precise manner in which the information and material(s) will be used will be determine solely by such new media and I therefore acknowledge that Gentile Retina and Dr Ronald Gentile have no control over or responsibility for the use of such information and material(s) by the news media.
3. I further grant permission for Gentile Retina at its option, to use the information and material(s) as it sees fit in publications and or productions of its own making and distribution.
4. I understand that I may be identified by name in connection with the public use of the information and material(s).
5. I hereby release and agree to indemnify Gentile Retina and its affiliates, successors and assigns and their respective employees, trustees and agents from and against any and all liability, including reasonable attorney's fees, arising out of the exercise of the rights granted by this consent.

Signature: _____ Date: _____
(Participant, Personal Representative or Legal Guardian)

Witness: _____ Print Name: _____

Personal Representative or Legal Guardian: [Print Name] _____

Authority: _____ Telephone: _____

Address _____