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Date



Authorization and Release Information for Patient Testimonial & Pictures Consent

Purpose of Consent: I understand my testimonial for Dr. James Stefanski and OrthoCincy Orthopaedics & Sports Medicine (hereinafter called "The Company") may be used in connection with publicizing and promotion of himself and/or The Company. I authorize Dr. James Stefanski and The Company to use my name, brief biographical information, photographs, video and my Testimonial.

I hereby irrevocably authorize Dr. James Stefanski and The Company to copy, exhibit, publish or distribute my Testimonial or picture for purposes of publicizing Dr. James Stefanski or The Company's programs or for any other lawful purpose. My statements and photographs may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against Dr. James Stefanski or The Company for the use of the statement. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release Dr. James Stefanski and The Company 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 of legal age and freely sign this release which I have read and understood.

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Signature Printed Name

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