

**ADVERTISING & MARKETING PHOTO/VIDEO
RELEASE AND AUTHORIZATION**

Federal law guarantees a patient's right to maintain privacy of certain medical information. Photographs and video taken before, during and after medical procedures may be considered such private medical information.

I hereby authorize _____ to disclose and provide to Bellus Medical, LLC ("Bellus") all photographs, video and video testimonial ("materials") related to my SkinPen procedure.

Subject to the terms below, I release to Bellus all right to these materials, I assign to Bellus any copyright I may have in these materials and consent to the publication and use of such materials by Bellus.

I authorize the use of these materials by Bellus, its successors, affiliate, agents and assigns (collectively "Licensee"), along with the right to use my name, likeness, voice and the photographs and video, in whole or in part, whether in original or modified form, whether alone or in conjunction with other photographs, video, text, art work and other materials for Licensee's internal and public relations and commercial purposes, and for advertising and marketing purposes relating to Licensee's products and services, in perpetuity throughout the world. Such use includes, but is not limited to: advertising, publicity or promotion in any media; Licensee's internal use for research and development and quality control; communications to physicians; publication in medical journals and/or textbooks for physician education; and for use in physician-to-physician lectures.

I hereby waive all rights to inspect and approve the finished product(s), its use or such copy as may be used in connection therewith.

I further agree that I will not hold Licensee responsible for any claim resulting from the use of these materials in accordance with the terms hereof, including claims for invasion of the right of privacy or for what might be deemed to be misrepresentation of my character or person due to distortion, optical illusion or faulty reproduction which may occur in the finished product.

I understand that once these materials have been disclosed to Bellus, they will no longer be protected by federal privacy laws. However, Licensee will not use the materials except as permitted herein.

I hereby release Licensee from any claim, demand, cause of action or proceeding of whatever nature arising out of any use, publication and/or distribution of these materials in accordance with the terms of this Release and Authorization.

I represent that I am over the age of 18 and that I give this Release and Authorization knowingly, freely and voluntarily. I understand that my health care provider will provide the SkinPen procedure regardless of whether I sign this form.

Patient Name

Patient Signature

Date

Health Care Provider Agreement and Consent

I agree to disclose to Bellus Medical, LLC the photographs referenced in the above Advertising & Marketing Photo/Video Release and Authorization and I consent to the uses set forth therein.

Provider Name

Provider Signature

Date