

PHOTO RELEASE FORM

I, _____ with a mailing address in the City of _____, State of _____ (the "Releasor") grant permission and consent to **SoftWave TRT, LLC** (the "Releasee") for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to: marketing, illustration, medical and scientific publication, social media, and web content:

Describe Photo(s)

Payment

I understand that there shall be no payment for this release.

Royalties

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Revocation

I understand that I may revoke this authorization at any time by notifying the Releasee in writing within 48 hours of photograph(s). The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

I, the Releasor understand and agree to the aforementioned terms and conditions.

Print Name _____

Releasor's Signature _____ Date _____