



### CAO Patient or Non-Employee Model Release

I, \_\_\_\_\_, hereby voluntarily and without any financial gain or interest, grant to Centers for Advanced Orthopaedics, LLC (“CAO”), its agents, assigns, successors, subcontractors and/or vendors such as, but not limited to, Cassels Caywood Love Branding, Inc. (“CCL”), as well as any and all of CAO’s photographers/videographers (collectively referred to herein as “Releasees”), an irrevocable and unrestricted right to be permitted in the use, re-use, publishing, re-publishing, advertising, and the production of any videography/photography or written testimonial that includes me and/or in which I may be included, in whole or in part, and without any restrictions as to changes or alterations, or reproductions thereof in color or otherwise in any and all media, in any format, whether in print, online, on television, or via smart phone apps, now or hereafter to be used for advertisement, promotion, training, or any other purpose as deemed appropriate or beneficial by CAO.

I hereby waive any and all right that I may have to inspect or approve the finished product(s) and the advertising copy or other matter that may be used in connection therewith or the use to which an image or video may be applied.

I hereby release, discharge and agree to hold harmless Releasees, from any and all liability, claims, and/or actions for libel, slander (if in writing) or invasion of privacy.

I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me, my heirs, legal representatives, and assigns. CAO makes no representations as to the accuracy, contents, and/or the quality of such image/video to be utilized. Any and all such disputes arising out of this Release shall be subject to arbitration and within the laws of the State of Maryland.

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

Patient or Non-Employee Name (Please Print): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_