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Patient Photo/Video Release Form

I understand the photograph(S) or video audio recording(s) taken of me by any assignees, employees, or representatives of Akamai Foot Doctor, which is the practice of Doctor Nathalie E. Sowers, shall be used in connection with Akamai Foot Doctor's dissemination of information by its public service and participation facilities to the public.

I hereby irrevocably authorize Akamai Foot Doctor to copy, exhibit, publish, or distribute any and all such images and audio of me or where in I appear, including composite or artistic forms and media, for purposes of publicizing Akamai Foot Doctor services or any other lawful purposes. In addition, I waive any right to inspect or approve the finished product, including written copy, where in my likeness appears.

I hereby hold harmless and release and forever discharge Akamai Foot Doctor 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 behalf or my estate have or may have by reason of this authorization.

I further understand that if the photographs, slides, and videos are used in any publication or as a part of a demonstration, my identifying information (first name only) could be used unless stated differently below. I do not expect compensation, financial or otherwise, for the use of these photographs. If I wish to revoke this consent, I may do so in writing.

By signing and completing this authorization form, I _____ acknowledge the
(Print Patient Name)
written agreement and polices above and will initial one of the following options:

_____ I do not mind if my photographs are used in any of the above stated situations.

_____ I decline any and all photography, video, and/or audio recording of me.

Patient/Responsible Party's Signature

Print Name

Relationship to patient

Date