KKAUR MD

Media Consent

I, the undersigned (Subject), hereby consent to allow **KKaur MD PLLC D.B.A. KKaur MD** (the Practice) the use of my:

(Check all that apply)

- ☐ Photograph
- ☐ Likeness
- ☐ Statement
- ☐ Review (of the Practice or its Individual Staff)

in any publication, videotape, pamphlet, social media post or promotion (electronic or hardcopy) by the Practice for use in the promotion or furthering of its mission. I understand that I will not receive compensation or consideration for the permission granted in this consent nor for the actual publication or use of my photograph, likeness, statement or review. By signing this consent, I understand I am releasing the Practice and its Staff from liability for the use and publication of any of the above.

_____ _____

Patient/Legal Guardian Signature Date

_____

Printed Patient Name

_____ _____

Printed Name (If Not Patient) Relationship to Patient