

# PHOTO RELEASE FORM

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I, \_\_\_\_\_ [Releasor] located at \_\_\_\_\_  
hereby agree and consent as follows.

A. I consent and authorize **Circadian LLC**, located at 15219 Colonial Park Dr. Huntersville, NC 28078 to use my likeness in any photograph, video or other digital media (“Photos”) taken or to be taken on

\_\_\_\_\_ during Cryoslimmin, Cryotoning, Cryofacial and associated meal planning advice, in any and all of its publications, including print or web-based publications.

B. I irrevocably authorize **Circadian LLC** to copy, edit, enhance, crop, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

C. I understand and agree that all Photos are the property of **Circadian LLC**, and will not be returned to me.

D. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.

E. I agree to release and forever discharge **Circadian LLC** and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.

F. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.



## SIGNATURES

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Signature of Releasor

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Date

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Printed Name of Releasor

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Signature of Parent or Guardian

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Date

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Printed Name of Parent or Guardian

