



National Lymphedema Network

Photo Release Form

I, _____, hereby authorize the National Lymphedema Network, or any of their assignees to use my photographs, slides, and videos of the affected and non-affected limb or body part as applicable. I understand that the photographs, slides, and videos may be used for communication with other health care professionals, educational publications, and educational lectures. The content may also be used for advertising purposes (including website publication).

I further understand that if the photographs, slides, and videos are used in any publication or as part of a demonstration, my identifying information will not be used, nor will any personal identifying information. 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.

I agree to have my photographs, slides, or videos used in any of the aforementioned situations.

Signed _____ Date _____

Witness _____ Date _____