

Consent for Use of Photographs

Name of subject in Photographs: _____ (“I”)

1. I, the undersigned, personally or by my guardian, as a gift to Hospital for Special Surgery (the “Hospital”), and without payment or compensation of any kind to me for same, do hereby consent to the use of one or more still photographs of my person, in the style and manner of the attached photographs (the “Photographs”), and the use of my likeness and any identifiable indicia as may appear in the Photographs, for the benefit of the Hospital. I agree to the use of the Photographs for any and all of the following:

For publication in any edition or version of the *HSS Journal: The Musculoskeletal Journal of Hospital for Special Surgery*, in any medium whatsoever, and including article reprints.

2. I specifically release the Hospital and all others from any liability or any additional obligations to me arising from the use of the Photographs as set out herein.

Date: _____

(Signature of Subject or Guardian)

(Print Name)

Address: _____

WITNESS: _____

Address: _____

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