

Vasectomy and Reversal Centers of Florida

For World Vasectomy Day

APPEARANCE RELEASE

I am willingly participating in World Vasectomy Day, a global celebration of responsible men.

I authorize Dr. Doug Stein and Dr. John Curington ("the Physicians") and their respective staff, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance as part of the World Vasectomy Day project.

I authorize Gabriel Films Inc. ("Producer") and its respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance as part of the World Vasectomy Day project.

I agree that the physicians, staff, assistants, or producers may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition (s), during and in connection with my appearance and that physicians and producer shall be the exclusive owners of such taping, photography and recording with the right, throughout the world.

I further agree that the physicians and producer may use my name, voice, likeness and any biographical material concerning me which I may provide in any and all media and in the promotion, advertising, sale, and publicizing of the Event and in any capacity to help support the Event.

(Please Print) Name:	_____	_____
Address:	_____	Signature
City/State/Zip:	_____	_____
Phone #:	_____	Date
Last 4-Soc. Sec.#:	_____	

I am a parent (or guardian) of the minor who has signed this release and consent and I hereby agree that I and the said minor will be bound by all the provisions contained herein.

Name:	_____	_____
Please Print		Signature

		Date