



**Physician Release Form**

1. The Undersigned has submitted to Kerecis clinical cases involving a Kerecis product (“photographs and descriptions”).
2. The Undersigned represents and warrants that none of the Cases include Protected Health Information (“PHI”) of any patient as PHI is defined by the Health Insurance Portability and Accountability Act, its amendments, and its regulations (“HIPAA”).
3. The Undersigned represents and warrants that the Undersigned has full legal title, interest, ownership, and right in the photographs and descriptions.
4. The Undersigned agrees to indemnify, release, and hold Kerecis harmless from any third-party action or liability related to the Undersigned’s legal title, interest, ownership, and right in the Cases.
5. By submitting the Cases, the Undersigned conveys, assigns, and transfers to Kerecis all legal title, interest, ownership, and right in the photographs and descriptions.
6. The Undersigned understands that Kerecis may use the photographs and descriptions for any educational, marketing, or promotional purposes (e.g., display in product brochures, print advertisements, and internet presentations) and that Kerecis may edit, distribute, copyright, license, and use the photographs and descriptions in any medium.
7. The Undersigned hereby waives and releases Kerecis from any claim, interest, or right to any compensation for the photographs and descriptions or the use of by Kerecis.

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Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name

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E-Mail

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Address

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