

## Participant Acknowledgement, Consent and Receipt Form

This document is provided as a talent release form in consideration of providing photography, video and/or testimonials to Roller Weight Loss & Advanced Surgery.

I hereby grant Roller Weight Loss & Advanced Surgery permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Roller Weight Loss & Advanced Surgery, in perpetuity, and for other use by Roller Weight Loss & Advanced Surgery. I will make no monetary or other claim against Roller Weight Loss & Advanced Surgery for the use of the interview and/or the photograph(s)/video.

Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I am not a family member or friend of any employee of Roller Weight Loss & Advanced Surgery.  
(Please initial.)

Signature of Parent or Guardian: \_\_\_\_\_  
(if under 18 years of age)

Service(s) provided, please check the item(s) performed:

Voice Talent

Video Talent

Photography Talent

Testimonial

On Location      In Studio

Other – *please specify* \_\_\_\_\_

Signature for verification \_\_\_\_\_ Date: \_\_\_\_\_

  
Official General Surgeon  
for the Arkansas Razorbacks®

  
**ROLLER**  
WEIGHT LOSS &  
ADVANCED SURGERY



Center of  
Excellence  
BARIATRIC SURGERY