



Photography Release for Minor Child or Children

I hereby authorize Kids and Teens Pediatrics of Dover, hereafter referred to as “Kids and Teens Pediatrics,” to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Kids and Teens Pediatrics print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Kids and Teens Pediatrics from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kids and Teens Pediatrics to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kids and Teens Pediatrics, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Names and Date of Birth of Minor Children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____