



Release for use of Photograph

Dear Parent or Guardian:

As you may know Rainbow Pediatric Center is now on Facebook. We also have our practice website and office brochure. We would love to have photographs and comments of our patients and love to hear your comments, questions, and sayings. If you would like for your child / children to be added to our printed materials, please read and sign the following:

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and / or child and the use of these photographs singularly or in conjunction with other photographs for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Parent's Name: _____ Date: _____

Parent's Signature: _____

Names of Child / Children

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____