



RELEASE FOR USE OF IMAGES

I hereby give my consent to Pediatrics West, P.C. and _____ to photograph and then use, reproduce and publish said images of me and/or my child/children.

(please print parent name)

(please print child/children's name)

I agree that the photograph shall constitute the sole property of Pediatrics West, P.C. and _____, with full right of disposition in any manner whatsoever, including the right to publish on the Pediatrics West, P.C. website or Facebook page.

I hereby release Pediatrics West, P.C. and _____ and his/her legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

Signature _____ Date _____

Signature for minor child _____ Date _____

Phone # _____