

# Photograph & Video Release Form

I hereby grant permission to the rights of my (person signing release and the members of their family in said image) image without payment or any other consideration to Miami OB/GYN, LLC. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational or promotional settings for the following purposes:

- Social media
- News materials
- Informational presentations
- Promotional material

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for purposes listed above.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ SM Handle @ \_\_\_\_\_

Email Address: \_\_\_\_\_

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

If this release is obtained from a parent or guardian under the age of 19, then the signature of that child's parent or legal guardian is also required.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_