



Photo Release Form

I, the undersigned, on behalf of myself and the minor child or children listed below (collectively, the “Subjects”), hereby irrevocably grant, consent, and authorize **Fort Wayne Pediatrics** (the “FWP”) to photograph, or permit other persons to photograph, me and/or the minor child(ren) listed below, as applicable. The terms “**photograph**” or “**photographs**” as used in the foregoing, shall mean motion picture or still photography in any format, as well as audio tape, video tape, video disc or any other mechanical means of recording and reproducing images. I represent that I am the parent or legal guardian of the minor child(ren), if any, that are Subjects of this release.

I agree that FWP may use, modify, reproduce and distribute, and permit other persons to so use, the photographs, film, images, audio, negatives, or prints prepared as a result of such activities, in either original, altered or derivative form (collectively, “**Works**”) in any medium, whether now or hereafter known, for such purposes and in such manner as it may deem appropriate, including but not limited to, medical, educational and scientific journals, newspaper and magazine articles, commercial activities, television, movies, or any other media or means of dissemination. I agree that Fort Wayne Pediatrics will be the sole and exclusive owner of such works. I agree that FWP shall also be entitled to identify me and the minor child(ren) listed below, as applicable, in connection with the Works, or at FWP’s discretion to replace the name of any depicted person with pseudonym.

Release of Liability

I, on behalf of the Subjects, hereby waive any right to compensation for such uses by reason of the foregoing authorizations and to inspect or approve of any uses of my/our image(s), and hereby release and agree to hold harmless Fort Wayne Pediatrics and their officers, agents, employees, successors, and assigns from and against all claims of liability with respect to the showing, use, or dissemination of the Works or otherwise resulting from the activities authorized by this document, including without limitation, any claims for libel, invasion of privacy, breach of any privacy law (including the Health Insurance Portability and Accountability Act- HIPPA), copyright infringement, violation of a right of publicity, or false or misleading advertising.

The document shall be binding upon me, and my child(ren), if applicable, and upon my/our heirs, legal representatives, and assigns.

My Name (print):	Minor Children that are Subjects of Release (print):
My Signature:	Date:
Witness Signature:	Date: