



Photo Release/Consent Form

☐ **I AGREE and hereby grant full permission** to Fort Payne Pediatrics to use either myself or my child(ren's) name(s) and photograph in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or my child(ren's) photograph and/or name.

☐ **I DO NOT AGREE** to have mine or my child(ren's) information/photographs used.

Child's Full Name (Please Print)

Date of Birth

Legal Guardian's Name (Please Print)

Relationship to Child

Legal Guardian's Signature

Date