



Photo, Video and Media Consent Form

Medical Support Services recognizes the need to ensure the welfare and safety of all children taking part in any activity associated with our clinic. Therefore, we will not permit photographs, videos or other images of our patients to be taken without the consent of the parents or guardians.

By signing this form, I consent and agree that Medical Support Services, its employees and agents have the right to take photographs and videos of my child and to use these in all media, now or hereafter known, exclusively for marketing purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I understand that I can withdraw or modify my consent at any time in writing to Medical Support Services.

I do hereby release Medical Support Services, its employees, or its agents all rights to exhibit this work in print and electronic form publicly or privately. I understand that Medical Support Services:

- Will not pay for giving this consent for the use of the image(s) or video(s)
- May keep the image(s) or video(s) on record until I revoke my consent
- Will return or destroy image(s) or video(s) if I withdraw this consent, except for those already published
- May use the image(s) or video(s) in the future unless I specify limitations for its use

I represent that I am the legal guardian of this child, have read and understand the preceding statement, and am competent to execute this agreement.

Name of Patient

Birth Date

Address/City/State/Zip

Name of Parent/Legal Guardian

Signature

Today's Date

Relationship to Patient