

Caring Pediatric Associates

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, THE PARENT OR LEGAL GUARDIAN OF

Print Child /Children Name

Grant **CARING PEDIATRIC ASSOCIATES** my permission to use the photographs for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content such as our Facebook, Instagram, Google and website page.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature:	Date:
Parent/Guardian's Name:	
Child's Name:	
Phone Number:	