



## Photo Release Form for Minors

I give Meyer Pediatrics permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Meyer Pediatrics with respect to copyright ownership and publication including any claim for compensation related to use of the materials. When images are published, Meyer Pediatrics will take cautionary steps to provide minimum identifying information and will not use last names, birthdates, mailing addresses, e-mail addresses, or phone numbers.

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name/s of Minor/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_