



## Photo Release

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I, the undersigned, authorize Audubon Fertility, to take and use photographs or images of me and/or my child(ren) to use as the above mentioned deems necessary for the purpose of marketing. I authorize Audubon Fertility to use my photos on Facebook, Twitter, Instagram, and other social medial platforms. I agree that I will not receive any monetary compensation for usage of my photographs in social media platforms.

As such, I agree to hold Audubon Fertility and its officers and employees free and harmless from any and all liability arising out of the use of this photograph. I understand that I have submitted this photograph or image under my own free will, and so assume full responsibility.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Name (if applicable)

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date