



Photo and Media Release Form

Patient Name(s): _____

I, _____, hereby grant permission to Independence Women's Clinic, its agents, and assigns, to use the above-named patient's photo, video, and/or likeness for promotional purposes. This includes, but is not limited to, use in news releases, photographs, videos, audio recordings, websites, marketing, advertising, social media, and other promotional and exhibition materials, for an indefinite period of time.

I grant unrestricted permission for these images, videos, and recordings of the patient/child to be used in print, digital, and internet media. I understand that these materials may be used for a variety of purposes, and I agree that they may be used without further notification to me.

I acknowledge that I will not receive any compensation for the use of these materials, and that Independence Women's Clinic retains all rights to the images, videos, recordings, and any derivative works created from them.

I waive any right to inspect or approve the final use of any printed or electronic copy. I hereby release Independence Women's Clinic and its agents and assigns from any claims arising from the use of these materials, including but not limited to claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

Consent Options:

☐ **Yes, I consent** to the use of photos, videos, and recordings for promotional purposes as described above.

☐ **No, I do not consent** to the use of photos, videos, and recordings for promotional purposes as described above.

Signature: _____

Date: _____