



Photo and Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Central Massachusetts Podiatry, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

- a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- b) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications/advertisements which include electronic media (Internet, website, blogs, newsletters, Facebook, YouTube, Twitter, Postwire, Webportal), and/or in mailings electronically or in print for educational and awareness.

I give permission to use my name.	Yes	No
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I do not give permission to use my name.	Yes	No
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This consent is given in perpetuity and does not require prior approval by me.

Signature

Date

Patient's Name

DOB

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian:

Relationship

Print Name

Date

Signature of Witness

Print Witness Name