

VIDEO/PHOTO CONSENT RELEASE FORM
Photo Release Form

Subject: _____
(Name, First and Last)

For value received and without further consideration or compensation to me, I hereby authorize Streamline Orthotics, LLC to use (in whole or in part) audio-video footage and photographs taken of me and/or recordings made of my voice and/or written extraction of such recordings for the purposes of illustration, broadcast, transmittal, display or distribution in any manner, in all media.

I release Streamline Orthotics, LLC from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

I have read and understood this agreement and I am over the age of 18.

Signature

Date

Address/contact information

Parent/Guardian Consent

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian Name _____
(Printed First and Last)

Signature

Date

Address/contact information