



MEDIA PERMISSION FORM

The Palm Beach Fertility Center may use, publish, and republish pictures, video or audio recordings of me and/or my children. I hereby grant Palm Beach Fertility Center, absolute and irrevocable right and unrestricted permission to use said photographs or recordings in whole or in part, individually, in any and all media now or hereafter, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any purpose whatsoever without restriction as to alteration; and to use my name.

I hereby release and discharge the Palm Beach Fertility Center from any and all claims and demands arising out of or in connection with the use of photographs, including limitations any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon my heirs, legal representatives, and assigns.

Printed Name: _____

Signature: _____

E-Mail Address: _____

Witness Signature: _____

Date: _____