AMERICAN ACADEMY OF PEDIATRICS

Authorization to Photograph

I, _________________________________, hereby authorize the American Academy of Pediatrics/Department of Community Pediatrics to use the photograph/s of _______________________________ provided by me for use specified below.

(Child's Name)

I, _________________________________, hereby authorize the American Academy of Pediatrics/Department of Community Pediatrics to use the information of _______________________________ provided by me for use specified below.

(Child's Name)

I agree that the American Academy of Pediatrics may use and permit other persons to use the information, negatives or prints prepared as a result for such purposes and in such manner as it may deem appropriate, including but not limited to, medical, educational and scientific journals, newspaper and magazine articles, television, movies, or any other media or means of dissemination. I also authorize and consent to the use of video taping, preparation of drawings and similar illustrative graphic material, and the use of these materials for scientific purposes. I agree that the American Academy of Pediatrics/Department of Community Pediatrics will be the sole and exclusive owner of such photographs. I release the information that I provide to the American Academy of Pediatrics/Department of Community Pediatrics, and I understand that any dissemination of the materials described above, which are made public, will be within generally accepted bounds of good taste.

The terms “photograph” or “photographs” as used in the foregoing shall mean motion picture or still photography in any format, as well as videotape, videodisc, or any other mechanical means of recording and reproducing images.

Release of Liability

I hereby waive any right to compensation for such uses by reason of the foregoing authorizations, and hereby release the American Academy of Pediatrics and their officers, agents, employees, successors, and assigns harmless from and against all claims of liability with respect to the showing, use, or dissemination of the photographs or otherwise resulting from the activities authorized by this agreement.

______________________________  _________________
Signed by parent or guardian                                                             Date

______________________________  _________________
Witness                                                                                              Date

forms/photography