



## **CONSENT TO PHOTOGRAPH, INTERVIEW, AND/OR AUTHORIZE THE RELEASE OF INFORMATION**

I consent and authorize to take photographs, video, or other visual images of me and/or my child and/or to record me and/or my child's voice, the results of which may be published into the public domain in print, visual, or electronic media including, but not limited to: brochures, direct mail, advertisements, newspapers, newsletters, magazines, television, radio, presentations, web sites, and trade show displays. I understand that the visual images or audio recordings may make me and/or my child's identity recognizable. I agree that all reproduction and all copyrights associated with the above described media shall remain the property of **Little Medical School of Queens**. I understand that the use of the communications efforts may directly or indirectly benefit the program financially. I agree that my child and/or I are not entitled and release any right to any claim my child and/or I may have related to use of my and/or my child's visual images and/or audio recordings, including but not limited to, any claim for payment or royalty in connection with distribution or publication of these communications.

**I understand that I have the right to revoke this authorization in writing at any time by written request to Little Medical School of Queens. But the revocation will not be effective to the extent that Little Medical School already relied on my authorization; for example, the revocation will not apply to publications already in production nor will it apply to publications already distributed to the public. Otherwise, the**

**authorization will remain in effect for 5 years or until the media utilizing the photograph(s) or interviews are no longer in use, whichever occurs later.**

I understand that **Little Medical School of Queens** will not condition me and/or my child's participation on whether I sign this consent and authorization. I have read and understand the terms of this Consent. My signature below evidences my voluntary consent and authorization for the publication of visual images and/or audio recordings of me and/or my child by **Little Medical School of Queens**.

**Signature:** \_\_\_\_\_