

NeoReviews

AMERICAN ACADEMY OF PEDIATRICS

Authorization to Use Photograph/Image

I, _____, hereby authorize the American Academy of Pediatrics to photograph or permit other persons to photograph me or my child/children.

I agree that the American Academy of Pediatrics may use and permit other persons to use the 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 graphic materials for scientific purposes. I agree that the American Academy of Pediatrics will be the sole and exclusive owner of such photographs. 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 video tape, video disc, 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.

Print Name

Signature

Date

Print Name

Signature

Date