



## **Photo, Media & Testimonial Release**

I, the undersigned, do hereby authorize Fertility Answers to use photographs or images of me and/or my child(ren) or written testimonials or letters to use as the above mentioned deems necessary for the purpose of in-office display, publication in newspapers, magazines or other printed media, for broadcast by means of radio and/or television transmission, or for display on Fertility Answers website(s) or online social media page(s), including, but not limited to, Facebook, Instagram and Twitter.

As such, I agree to hold Fertility Answers and its officers and employees free and harmless from any and all liability arising out of the use of these photographs, images or written testimonials or letters and subsequent publication or broadcasting. I understand that I have submitted these photographs, images or letters under my own free will, and so assume full responsibility.

\_\_\_\_\_  
Subject(s) Name (please print)

\_\_\_\_\_  
Subject(s) Birthdate

\_\_\_\_\_  
Signature (parent or legal guardian must sign for subjects under 18 years of age)

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date