# http://www.drmavani.org/uploads/2/6/0/0/26008829/1391618379.pngCamera Release Form for Photography

I, the undersigned, do hereby consent and agree that Doctors For Kids, its employees, or agents can take or use photographs of me and my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotional activity

I do hereby release to Doctors For Kids, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I understand that there will be no financial or other remuneration for photographing me, either for initial or subsequent use.

I also understand that Doctors For Kids is not responsible for any expense or liability incurred as a result of my participation in this.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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| Signature | Date |