

Photo Display Release

Baby Name : _____ D.O.B _____

I, _____, grant Dr. J. Gabriel Guajardo, M.D., PLLC (here forth also known as J. Gabriel Guajardo M.D.), permission to take a picture of my newborn and me and/ or my family.

I also grant J. Gabriel Guajardo, M.D., PLLC to :

- Display the photo in the office. The display may be digital or paper.
- Use of photo for promotion of the medical practice by means of a brochure, flyer, power point presentation, or otherwise felt appropriate by The Practice

I, _____, understand that the photo will be entrusted to the use of discretion of The Practice and that this release and authorization can be revoked at my request so as long it is made in writing and the effect of the revocation will be from the date the revocation was signed.

Date: _____

Printed Name of Mother/Patient

Signature of Mother/Patient

Signature of Father, if in photo

On this date of _____, I request that the above authorization be revoked and that the photo is not used for any means or purpose by The Practice.

Date: _____

Signature of Mother/Patient