

CONCORD OB/GYN ASSOCIATES, P.C.

BABY PHOTO AUTHORIZATION FORM

We ask that all of our patients who choose to share their baby photos with us for posting on our Baby Board for public viewing sign this form authorizing us to display the photos and accompanying information on our Baby Board.

Parent/Guardian(s) Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Child(ren)'s Information:

Name of child(ren) in photo: _____

Gender: M____ F____ Date of Birth: ____ / ____ / ____

Description of submitted photo: _____

Consent and Waiver:

In full and complete consideration of Concord OB/GYN possibly posting the photo I submitted of my child(ren) on Concord OB/GYN's Baby Board, I hereby grant to Concord OB/GYN the irrevocable exclusive right, but not the obligation, to exhibit the photo I submitted of my child(ren) on Concord OB/GYN's Baby Board. Concord OB/GYN may also include any information I provide along with the photo of my child(ren) including, without limitation, name, weight, and date of birth.

I hereby declare that all information I am submitting is true and accurate to the best of my knowledge and ability and that I am legally authorized to submit the information and all photographs submitted and to enter into this authorization and release on behalf of myself and my child(ren).

I, for myself and on behalf of my children, spouses, co-guardians, heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Concord OB/GYN, its affiliates, officers, directors, trustees, medical staff, employees, and agents from and against any claims, liabilities, or actions I or my children, have or may have against Concord OB/GYN arising from the posting of any pictures I submitted to Concord OB/GYN on Concord OB/GYN's Baby Board.

AGREED AND ACCEPTED:

Signature of Parent/Legal Guardian

Date

Name of Parent/Legal Guardian