

Photo Consent Form/Media Release

After Hour Pediatrics Urgent Care Clinic

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I _____, hereby grant permission to After Hour Pediatrics Urgent Care Clinic, it's employees or representatives, to take and use:

_____ Photographs/Digital Images

_____ Quoted Remarks

of me or of my minor child _____

for use in promotional materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name _____ may _____ may not be revealed in descriptive text or commentary in connection with the image (s).

I authorize the use of these materials indefinitely without compensation to me.

Date: _____

Signature: _____

Address: _____
