

Minor Video/Photo Release Form

I hereby grant permission to McMillen Health to use recorded video footage or my child's photograph in its programs or on its printed material and website without further consideration. I acknowledge their right to crop or treat the video or photograph at their discretion. I also acknowledge that these media pieces may be used in future McMillen Health materials such as but not limited to website, newsletters, brochures, and annual reports, without remuneration to me or my child.

I also understand that once my image is posted on the McMillen Health website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

McMillen Health and its employees located in Fort Wayne, Indiana.

McMillen Health reserves the right to discontinue use of photos without notice.

Child's Name: _____

Date: _____

Address: _____

Phone: _____

Parent's Signature: _____

Parent's Printed Name: _____