

MID-MISSOURI REPRODUCTIVE M E D I C I N E & S U R G E R Y

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www.MissouriFertility.com

Photo Release Form

From time to time *photographs are taken (or given to us) of babies, their parents and/or Dr. Wilshire. These pictures may be used in Mid-Missouri Reproductive Medicine and Surgery brochures, presentations, media, our website, and/or office picture boards. Please fill out his release form and return it to our office to let us know whether or not you agree to the use of your photographs in such a manner. **This release form is a “blanket” consent form per family and should list the names of all family members. **All adults must sign the form.** This release form will be kept on file in our office and can be updated as needed.

If you have any questions or comments concerning this photo release form, please call the office at (573)-443-4511.

_____ **YES**, I/We give permission for my/our photographs to be used in Mid-Missouri Reproductive Medicine & Surgery brochures, presentations, media, website and picture boards in the office.

_____ **YES**, I/We give permission for my/our photo graphs to be use in Mid-Missouri Reproductive Medicine & Surgery **OFFICE ONLY**.

_____ **NO**, I/We do NOT give permission for my/our photographs to be used in Mid-Missouri Reproductive Medicine & Surgery brochures, presentations, media, website or pictures boards in the office.

Name _____

Name _____

Name _____

Name _____

Adult/Parent Guardians' Signature _____ Date _____

Adult/Parent Guardians' Signature _____ Date _____

**Photos can be in the form of birth announcements, Christmas cards, invitations, etc.*

***If pictures are taken by a professional photographer, please make sure you let us know if they have given you the rights to all the photographs. This keeps us from 'stealing' their property.*