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PHOTO PERMISSION FORM

The undersigned authorizes the Woman's Clinic, PA, for purposes of bringing its programs to the attention of the public, to:

- I. use her name,
- II. take and use, or arrange for the taking of, her photograph (photograph refers to any image reproduction process, including, but not limited to, slides, pictures, movie film, videocassette tape, live television and digital photographs)
- III. record his/her voice and/or comments, either written or spoken

The Woman's Clinic, PA may bring its programs to the attention of the public by preparing materials for newspapers, magazines, periodicals, radio, television, film strips, videocassettes, brochures, catalogs, schedules, web site, CD-ROMs, DVDs, and the like. Or, the Woman's Clinic, PA may assist news and education media with these materials in the preparation of their own material for informing the public about Woman's Clinic, PA programs.

Such photographs, film, brochures, catalogs, schedules, ads and other materials shall become the sole and separate property of the Woman's Clinic, PA, or the media preparing them. This authorization involves no financial consideration to either party.

A photocopy of this authorization shall be considered as effective and valid as the original.

The undersigned certifies that she has read the foregoing and is familiar with its contents.

Date: _____ Signature: _____

Printed Name: _____

Address: _____

Phone: _____