



# Photo Release Form

**Check One**

I hereby authorize Kidnectivity, LLC to utilize photographs and videos taken of me and/or the undersigned minor child(ren) for purposes of identification, patient care and promotional materials (i.e. print publications, website and social media).

I release the Kidnectivity, LLC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Kidnectivity, LLC to use their photographs and names. I acknowledge that since participation in publications and/or website produced by the Kidnectivity, LLC confers no rights of ownership whatsoever. I release the Kidnectivity, LLC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I hereby authorize Kidnectivity, LLC to utilize photographs taken of me and/or the undersigned minor child(ren) for purposes of identification and patient care. I DO NOT authorize photographs and videos to be used for promotional materials (i.e. print publications, websites and social media).

**Names and Ages of Minor Children:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Print Name of Parent or Legal Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

600 Waukegan Rd, Suite 132 Northbrook, IL 60062  
Kidnectivity.org 847-748-8733 FAX 847-739-7164