

Photo Release Form

Alan B. Birnkrant, M.D.
2311 M Street NW
Suite 304
Washington, DC 20037

Permission to use Photograph

Subject: Infant and/or Toddler Photographs

Location: Alan Birnkrant, M.D. Website

I grant to the office of Alan Birnkrant, M.D., its representatives and employees the right to take and/or use photographs of me and my property in connection with the above identified subject. I authorize the office of Alan Birnkrant, M.D., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the office of Alan Birnkrant, M.D. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and WEB content.

I have read and understand the above:

Childs **Printed** Name _____

Organization (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

Printed Name, parent or guardian _____

Please email completed form and photos (jpeg format please) to:

Dcomedy1@gmail.com

Or iphone _____