



Steps to complete:

1. Ask patient to sign
2. Send to Marketing
3. Scan to patient record

Photography Release v.10.14.1

I hereby authorize (Advanced Reproductive Health Centers, (ARHC) Ltd. dba Chicago IVF, hereafter referred to as “Company,” the right to take photographs of me and my family submitted or taken around month/year ____/____ for use in the Chicago IVF’s print, online and video based marketing materials, as well as other Company publications.

I authorize Chicago IVF, its contractors, employees and third parties involved in the creation or publication of marketing materials (in print and/or electronically), from liability for any claims by me or any third party connection with my participation.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownerships or royalties whatsoever.

I hereby release and hold Chicago IVF harmless from any reasonable expectation of privacy on confidentiality associated with the images.

I understand I may rescind this agreement at any time in writing by sending a letter to the Marketing Department of Chicago IVF at 5225 Old Orchard Rd, Suite 24A, Skokie, IL 60077.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this agreement.

Authorization

Signature: _____ Printed name: _____

Address _____ City: _____ State: _____ Zip: _____

Date _____