

Photo Release Form

I hereby grant Dr. Michelle Giumenta permission to use my likeness in a photograph in any and all of its publications, including website entries posted on Facebook.

I understand and agree that these materials will become property of Dr. Giumenta and will not be returned.

If the person signing is under 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent of guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)