



Authorization and Consent to Photograph and Publication

I hereby authorize Women’s Health Specialists to photograph me and use the digital images, negatives or prints as is deemed appropriate, including posting on internet websites, and social media websites. I agree the photographs may be used for purposes including, but not limited to dissemination to Women’s Health Specialists network and public networks, for educational, public relations and charitable purposes.

I have entered into this agreement in order to assist educational, public relations and charitable goals and hereby waive any right to compensation for such use by reason of the forgoing authorizations.

The term “photograph” as used in the foregoing agreement, shall mean motion pictures or still photography in any format, as well as video, video disc and any digital, or mechanical means of recording and reproducing images.

Print Name _____ **Date** _____

Signature _____

Event/Training _____