

Picture Release Form  
Dr. John P. Harmeyer

I hereby give Dr. John P. Harmeyer, his legal representatives and delegates, including those acting on behalf of Dr. John P. Harmeyer, the right and permission to use and/or publish still pictures, video and audio recording, textual description of me, made through any media, for use in advertising (website or print), publicity, promotion, or training.

I hereby warrant and represent that I am of full legal age and have every right to contract in my own name in the above regard. (If model is a minor, parent or legal guardian must also sign.) I state further that I have read this authorization, prior to its execution, and that I am fully familiar with and understand the contents thereof.

Date:
Name:
Address (street, city, state, zip code):
Email Address:
Telephone #
Signature (parent or guardian, if minor):