

# Multi-media Release Form

Reproductive Health Associates, P.A.  
2695 Ulmerton Rd, Clearwater, FL 33762  
2919 Swann Ave., Ste. 307, Tampa, FL 33609

I authorize Reproductive Health Associates to anonymously use mine and/or my child's picture/video footage and unique personal experience associated with our related services to assist their marketing and testimonial programs.

I understand this to include possible photo usage on their web site, TV commercials, periodicals and video footage.

Parent Name (print) \_\_\_\_\_

(Signature) \_\_\_\_\_

Child's Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your support!