



Photo Release Form

Name of Patient: _____

Thank you for contributing to the beautiful faces of the Apple Community!

By signing this release form, you are giving Apple Homecare Medical Supply, Inc. your full consent to share photos of you or your child, including on Facebook and our website

I hereby authorize APPLE HOMECARE MEDICAL SUPPLY, INC. (AHMS) to publish the photographs taken of me and/or the undersigned individuals, minor children, and their first names, for use in the above checked locations.

I release from any expectation of confidentiality for the undersigned minor children and myself or any others that might be shown in a photo and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize AHMS to use their photographs and first names.

I acknowledge that since participation in publications and websites produced by AHMS is voluntary, neither undersigned individuals, the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by AHMS confers no rights of ownership whatsoever. I release AHMS, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Name of Consenting Person	Date	Signature

If you are not in the photo, but your child is and you are the legal guardian, please sign for that child so that we may use the photo.

