



MINOR MODEL RELEASE

I, (please print) _____, give Wildflower Pediatrics permission to record the image and/or voice of the minor named below, and I grant Wildflower Pediatrics all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support Wildflower Pediatrics. I agree that all rights to the sound, still, or moving images belong to Wildflower Pediatrics.

Guardian's name (print) _____

Minor's name (print) _____

Parent/Guardian signature _____ Date _____

Address _____

Phone number _____

Email _____

Notes _____

