

PHOTO RELEASE

I, _____ hereby grant Innovative Fertility Center permission to publish my child's/children's photographs on their website, www.innovativefertility.com.

I understand that I have the right to request, in writing, removal of the photo(s) from the website. Upon request, Innovative Fertility Center will have 30 days from the receipt of this request to comply with my wishes.

Child's/Children's Name(s) _____

Parent's Name _____

Parent's Signature _____

Date _____