

## PHOTO CONSENT

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I give my permission for photographs, which may be taken on subsequent visits.

I hereby release, discharge and agree to save harmless Medical Art Prosthetics, LLC, it's legal representatives or assigns, and all persons acting under his permission or authority or those for whom he is acting, from any liability with regard to being photographed.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I hereby state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

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Address: \_\_\_\_\_  
\_\_\_\_\_

Parent or Legal Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_