

Consent for Video Testimonial and Release of Liability

I, Aarti Singh [Full Name of Parent/Guardian],

being the legal guardian/parent of Aarti Singh [Full Name of Child], hereby grant Kids Orthopedic Clinic, its representatives, and employees the right to take photographs and video recordings of me and my child, and to use and publish the same in print and/or electronically.

I agree that Kids Orthopedic Clinic may use such photographs and videos of me and/or my child with or without our names for any lawful purpose, including but not limited to, publicity, illustration, advertising, web content, and social media.

I acknowledge and understand the following:

1. **Use of Image and Voice:** I understand that my image, voice, and the image and voice of my child, as captured in the testimonial video, may be used in connection with publicizing and promoting Kids Orthopedic Clinic.
2. **Editing Rights:** I understand that the testimonial may be edited for length, content, and clarity.
3. **No Compensation:** I will receive no compensation for the use of the testimonial, photographs, and videos, and hereby release Kids Orthopedic Clinic and its agents and assigns from all claims which arise out of or are in any way connected with such use.
4. **Withdrawal of Consent:** I understand that I may, at any time, withdraw my consent to the use of my testimonial, upon written notice. Upon receipt of such notice, Kids Orthopedic Clinic will cease the dissemination of any new material containing my testimonial but will not recall any published materials.
5. **Release of Liability:** I release Kids Orthopedic Clinic, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of my child.
6. **Confidentiality:** I understand that Kids Orthopedic Clinic will take all reasonable measures to ensure that my testimonial is used for legitimate purposes and that my personal information will not be shared with any third-party organizations.

By signing below, I acknowledge that I have completely read and fully understand the above consent form and agree to be bound by its terms.

Signature: Aarti Date: 9.9.23

Printed Name of Parent/Guardian: Aarti Singh