



Dr. Purnima Hernandez and Dr. Selin Soyupak

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Photo Release Form

I, the undersigned, give Dr. Purnima Hernandez permission to photograph, videotape or audio record

Child's Name

I also give Dr. Purnima Hernandez and Dr. Selin Soyupak permission to use, show, and / or publish such photographs, videotapes, and audio recordings, in medical, dental or scientific journals, books or other medical/ scientific oriented media, such as lectures. Your identity will be kept confidential at all times unless you provide permission.

I hereby release Dr. Purnima Hernandez and Dr. Selin Soyupak from any and all liability which may result from the taking, printing, retaining and using of said photographs, videotapes, audio recordings, and information.

I understand further that this release shall be binding upon the person named above and upon his or her heirs, executors, administrators, successors and assigns,

Signature of parent or guardian

Date