

**A Specialized Approach to Prosthetics, Inc.**

500 Spring Hill Drive Suite 200

Spring, TX 77386



**Waiver and Release for Photography/Videotaping**

If during the fitting process, photographs or videotapes are made of me, I waive all rights that I may have to any claims for payment or royalties in connection with any display, televising or publication of the pictures and further release ASAP, its directors, officers, and staff from any liability in connection with the use of such picture(s) and related materials.

PLEASE INITIAL ONE OF THE CHOICES BELOW:

\_\_\_\_\_ I consent for ASAPProsthetics to use videos and/or photos taken to be used for marketing materials.

\_\_\_\_\_ I DO NOT consent for ASAPProsthetics to use and/or photos taken to be used for marketing materials.

\_\_\_\_\_  
Patient Signature (or Parent/Guardian/Representative)

\_\_\_\_\_  
Name of Patient (or Parent/Guardian/Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Parent/Guardian/Representative