



CONSENT TO USE PHOTOGRAPHS AND VIDEOS

I give permission for photos/videos of me (or my child) taken at _____ (location) to be used by PhotoniCare Inc. for educational materials, exhibits, websites and publications. I waive any rights of compensation or ownership.

	Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Signature of PhotoniCare Representative:

Date:
