



**FERTILITY  
ASSOCIATES  
of MEMPHIS**

*William H. Kutteh, MD, Ph.D Raymond W. Ke, MD*

I hereby grant Catalyst HCM, Inc. and Kutteh Ke Fertility Associates of Memphis, PLLC the use of videotape, photo and/or audio tape recordings of my likeness/voice/performance in connection with the production, presentation and distribution of the videotape presentation named below.

I agree that my name, likeness, voice and biographical material about me may be used in connection with publicity about the production named below. I release you and your assigns from any further claims or demands arising from the uses of materials you may record in which I appear or am heard.

Kutteh Ke Fertility Associates of Memphis, PLLC Website or Fertility Story \_\_\_\_\_initials

Kutteh Ke Fertility Associates of Memphis, PLLC Television , Print Advertisements \_\_\_\_\_initials

Participant's signature\_\_\_\_\_

Participant's name printed\_\_\_\_\_ Date signed\_\_\_\_\_

Participant's address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Phone \_\_\_\_\_

Email address:\_\_\_\_\_

If the participant is a minor(s), please complete section below:

I represent that I am a parent or guardian of the minor(s) named above. I hereby agree that we shall both be bound thereby.

Minor(s) name \_\_\_\_\_

Parent or guardian signature\_\_\_\_\_

Parent or guardian name printed\_\_\_\_\_ Date signed\_\_\_\_\_