



FERTILITY
ASSOCIATES
of MEMPHIS

*Dr. William H. Kutteh, MD, Ph.D Dr. Raymond W. Ke, MD
Dr. Paul R. Brezina, MD, MBA Dr. Amelia P. Bailey, MD*

I hereby grant Kutteh Ke Fertility Associates of Memphis, PLLC to publish videotape, photo, text, and/or audio tape recordings of myself and/or my child(ren) for print advertisements, fertility story/blog, television, social media sites, and /or Kutteh Ke Fertility Associates of Memphis web content. I agree that my name, likeness, voice, and biographical material about me may be used in connection with publicity of production. _____ initials

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. I understand this authorization is voluntary and I will not receive financial compensation of any type for use of videotape, photograph(s), text, and /or audio recording of myself and/or my child(ren). I further acknowledge this release will remain active until I request removal of the information. I understand the center will have 30 days to comply with my request.

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 _____