



Video & Photograph Release Form

I hereby release **Aldrich Consulting Services, Inc & Allied Orthotics & Prosthetics** from any and all claims which I may have by reason of the use and public display of my name, voice, and/or picture in a web photo, photo gallery or web video for www.alliedoandp.com. I also authorize **Aldrich Consulting Services, Inc & Allied Orthotics & Prosthetics** to use my name, voice and/or picture in publicity materials related to the promotion of said photo or video. I hereby grant and release all right, title, and interest in said photo or video to **Aldrich Consulting Services, Inc & Allied Orthotics & Prosthetics**, the producers of this web video, video or photo gallery.

Patient Name

Guardian Name (if patient is under 18 years old)

Signature (of Guardian)

Address

City, State, Zip

Phone

Date

Producer: **Aldrich Consulting Services, Inc, Ten Almond Road, Burlington Twp, NJ 08016**
Allied Orthotics & Prosthetics, 813 Eastgate Drive, Mt Laurel, NJ 08054