



## Participation in the Patient's Gallery Release Form

In consideration for the opportunity to participate in the Patient's Gallery offered by Pediatric Ophthalmology Consultant's, LLC (POC), I agree that materials I provide may be presented and distributed as determined by POC, and that I shall not receive any compensation for my participation.

I further agree that my participation in the Patient Gallery confers upon me no rights of use, ownership, or copyright to the material presented by or produced by POC. I hereby release POC, their partners, employees, agents and assigns from all liability for any claims by me or any third party in connection with my participation in the Patient's Gallery.

I confirm that any and all material furnished by me for this project are my own. I also agree to the use of my first name and first initial of my last name, likeness, and other materials I provide for purposes in association with the Patient's Gallery as determined by POC.

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Patient's Name\* (print)                      Signature                      Date

\*If patient is a minor, signature  
of parent or guardian is required.

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Parent or Guardian's Name (print)                      Signature                      Date

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