

## Website and Social Media Consent/Release Form

I, the undersigned, do hereby grant permission to Orthopaedic Institute of Northwest Florida, a dba of Children's Orthopaedic Institute of Northwest Florida, LLC, to post my and/or my child's story, photos, videos, or other item, hereinafter referred to as "Materials". I submit to and for Dr. Robert Huang, Dr. Robert Huang Web Site, Orthopaedic Institute of Northwest Florida Web site, Google Business Profiles, Twitter account (@rpchuang), LinkedIn account, and Facebook account. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Patient, Parent, or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

*Please make a copy of this form for your own records and mail or fax the signed original to:*

Orthopaedic Institute of Northwest Florida  
4700 Bayou Blvd., Bldg. 1C  
Pensacola, FL 32503