



PERMISSION TO USE PHOTOGRAPHS

PHOTO RELEASE FORM

This form grants us permission to use your submitted photographs or personal story for use on our website and/or social media page.

Email to: contact@pectuscommunity.com

AUTHORIZATION:

I, _____ (print full name of adult over 18) hereby grant

permission to Pectus Community to post photographs/videos

of _____ (me/my daughter/my son) on your website or other

social media platforms related to the mission of Pectus Community.

I acknowledge the terms and conditions of this release form.

Parent/Guardian Signature if under age 18

Date

****Note** When submitting photographs, please crop photo so that your child's or your face is not in the picture (only neck down). Please be sure to add the following information when you email your photos and release form: Name with last initial, surgery date, age, surgeon name and hospital, Haller Index, how many bars and if you had cryoablation.**