



Ruth Jackson Orthopaedic Society
9400 West Higgins Road
Rosemont, Illinois 60018

Direct Phone: 847.698.1626

Personal Fax: 847.268. 9461

Email: rjos@aaos.org

Purpose: **RJOS Photo Consent for Internet**

Photograph Consent Form

Please complete this form for each person (or minor) whose image is captured in the photograph to be used as described below.

I, _____ [insert name], the undersigned, hereby consent to the use of my image, in digital, print, or other format, by the Ruth Jackson Orthopaedic Society (RJOS) and its agents. My image is captured within a photograph(s) (Photograph), attached hereto as Exhibit A, submitted by _____ [insert submitter's name] for inclusion in the RJOS website.

Further, I expressly waive any right to preview and approve the use of my image prior to electronic publication.

I understand that my image, as reflected in the Photograph, may appear in multiple publication formats, including print, electronic (e.g., eBook, CD-Rom or DVD) and/or internet-based programming.

RJOS agrees to use my image for educational and promotional purposes only.

To be completed by person, or legal guardian if person is a minor, whose image was captured in the photograph(s) described hereinabove.

Signature of person in the photograph or parent/legal guardian of any minor(s) in the photograph:

_____ Date: _____

Printed name of the person in the photograph: _____

Printed name of parent or legal guardian of any minor(s) (under age 18) in the photograph:

Contact information (phone or email address): _____

Original signatures by electronic transmission (facsimile or email with PDF attachment shall be sufficient and binding upon the parties hereto.