

**Consent to Photograph**

I, \_\_\_\_\_, hereby consent and authorize Southern California Prosthetics, Inc. (SCP) to: \_\_\_\_\_ Photograph, \_\_\_\_\_ Videotape, \_\_\_\_\_ Audiotape my presence for the sole use of SCP. The image(s) will be used for the sole purpose of marketing, training, education, and community awareness programs. The image(s) will be retained by SCP and will not be sold without my written permissions. SCP appreciates your cooperation.

\_\_\_\_\_  
Signature (If under 18 parent or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name