

# Family Hearing Center

Zeigler - Asby Audiology

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Twin Stacks Center

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Audiology Staff

James A. Zeigler, Au.D.  
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Robert S. Asby, M.S.  
Certified and Licensed

Services

Auditory Evaluation  
Hearing Aid Evaluation  
Fitting and Training  
Pediatric Audiology  
Otoacoustic Emission  
Auditory Evoked  
Response Evaluation  
Central Auditory  
Processing Evaluation  
Real Ear Hearing Aid  
Analysis  
Musician Earplugs  
and Monitors  
Industrial Audiology

## Photo Release

I hereby authorize Family Hearing Center, Zeigler – Asby Audiology, LLC, hereafter referred to as “Family Hearing Center,” to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Family Hearing Center's print, online and video-based marketing materials, as well as other company publications.

I hereby release and hold harmless Family Hearing Center from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with these images. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Family Hearing Center to use their likenesses and names.

I hereby irrevocably authorize Family Hearing Center to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness or the likeness(es) of the child or children listed below appears.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand and agree that all photos will become the property of Family Hearing Center and will not be returned.

I hereby release Family Hearing Center, its contractors, its employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

I hereby warrant that I am of full age and have every right to contract in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

### Authorization:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

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

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

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