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### ELECTRONIC MEDIA RELEASE FORM

Restore Eye Care is pleased that we were able to provide you with high quality vision care with which you are happy. We would like to share your story with others so that they may experience the same satisfaction and resolution of their vision concerns. To do so, we need your permission.

I, the undersigned, hereby grant permission to Restore Eye Care, its agents, servants, and employees, to post to any and all forms of electronic media (e.g. Facebook, Twitter, Instagram, web sites, etc.) under the direction and control of Restore Eye Care, my or my child's story, photo or other items which describe or depict the care provided and the positive results received.

I release Restore Eye Care, its agents, servants and employees from any and all claims and demands arising from the use of the above described items, including, but not limited to, invasion of privacy, defamation, and misappropriation of the image or images.

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

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

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

I hereby, on behalf of my minor child/children, as parent and legal guardian, consent to the posting to electronic media, as described above, under the direction and control of Restore Eye Care its agents, servants and employees of my child's story, photo or other description of the care and treatment rendered to my child.

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

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_