

Photo Release Form

Name(s):	
Addres	ss:	
Phone	Number:	
1.	l,	, hereby
	consent to the use, reproduction and publication of photographs (or comedia record) taken by me by Moms, Boobs and Babies (Yellowknife's Support Group).	•
2.	I understand that by signing this form, I acknowledge Moms, Boobs and Babies has asked for, and received my permission to use this photo taken by me on their website and documents and promotional materials in various media. Such photo may be reproduced electronically, alone or in composites.	
3.	I understand that any use of the photo on a website will be accessible to anyone with Internet access, and on the MBB Breastfeeding Support Facebook group will be accessible to everyone who is a member of that group. I also understand that prior to posting photos, a copyright notice prohibiting the copying of material without Moms, Boobs and Babies' written authorization will be posted on the website and Facebook Group. I understand that Moms, Boobs and Babies is not responsible for and have no	
4.	control over what other parties might do with these representations of I have read this release carefully. I understand its contents and I agree understand that by signing this consent form, I am waiving any legal rithe photographs/video. I am also consenting to the release of my name for the purposes of identifying me and my child.	with its terms. I ghts I may have to
Signatu	ure:	
Date: _		
	RTANT: If you are under 18 years of age, please have your parent or legal cument and complete the portion below, if they agree to its terms:	l guardian read
Name	of Parent/Legal Guardian:	
Phone	Number:	
Signatı	ure:	
Date: _		

Moms, Boobs and Babies is committed to respecting your privacy and protecting your personal information. You have the right to revoke consent at any time by contacting us at info@momsboobsandbabies.com or by calling 444-3374. Please don't hesitate to contact us if you have any questions.