



SPECIALIZED BREASTFEEDING
AND POSTPARTUM SUPPORT CENTER

Photography and Video Model Release for Milk and Honey Specialized Breastfeeding and Postpartum Support Center

Child model name _____

Parent model name _____

Parent address _____

Phone _____ Email Address _____

Please initial all appropriate:

Milk and Honey permission to use mine and my child's photo for/on:

Training presentations _____

Brochure/Marketing materials _____

Website _____

As framed pictures in the office _____

The undersigned authorizes Milk and Honey, LLC to reproduce the materials described above in connection with print publications and audiovisual programs of the above entities. Such materials may be published, reproduced, exhibited, or used in the ways specifically listed above.

Signature of parent/guardian: _____

I am the child models' parent or guardian and I agree to the above on behalf of the child.

_____ Date _____

Printed name

Signature, Milk and Honey, LLC _____ Date _____