

Milk and Honey LLC
Photo & Video Release



Child name _____

Parent name _____

Parent address _____

Phone _____

Email Address _____

Please initial all appropriate:

- Milk and Honey permission to use my and/or my child's photo for/on:
 - Training presentations (including, but not limited to: Milk & Honey in-services & training, University presentations at Universities, medical schools, & other organizations, industry professional presentations, etc.) _____
 - Cross-training providers _____
 - Brochure/Marketing materials _____
 - Website _____
 - 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: _____

Date: _____

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

Signature, Milk and Honey, LLC

Date

By checking this box, I am acknowledging that I am electronically signing this form.