

Milk and Honey LLC  
Photo & Video Release



Child name \_\_\_\_\_

Client/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:

\_\_\_\_\_  
Signature, Milk and Honey, LLC Date:

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