

# Birth Photography and Video Release Form

I / we, the client(s), agree to the following (check all that apply):

I would like photographs to be taken.

I would like video to be taken.

**I would like photos / video taken:**

during labor

during birth

after birth

**I would like to use:**

my camera

her camera

**Preferences surrounding graphic/intimate photos:**

No intimate or graphic photos please

I don't mind intimate or graphic photos being taken

**Please Initial to indicate your understanding of the following:**

I understand that policies at my birthing facility may forbid video or photos to be taken at certain times. I understand that it is my responsibility to negotiate the photo/video policy with facility staff, not my Doula's.

I give permission to my Doula to use photos of me and my baby in printed materials. (Each photo will be subject to your approval, and your permission may be revoked at any time.)

I give permission for my Doula to use photos of me and my baby on her website or online social media. (Each photo will be subject to your approval, and your permission may be revoked at any time.)

I understand that photography and video are not my Doula's main focus in the birth space

**Special requests and additional preferences surrounding the photographs and video taken during birth:**

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**As your Doula I commit to keeping your personal information private and will not under any circumstances share that information with anyone. I respect your family's privacy and right to announce the long-awaited arrival of your baby and will not share any photo or video on any platform or with anyone until you have given me permission.**

**This birth photography and video release form has been reviewed and agreed to by the following persons as designated by their signatures below:**

\_\_\_\_\_  
Doula – Brandie McGowan Date:

\_\_\_\_\_  
Signature of Birther Date:

\_\_\_\_\_  
(Partner or Spouse if applicable) Date:

\_\_\_\_\_  
Print Name

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