



## Consent & Release Form

Made effective on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I, **(Print Name)** \_\_\_\_\_, hereby grant Total Maternal Support the authorization to use, reproduce any portion of, and or record audio, photographs, or video with verbal notice. I understand I can choose to not speak during that portion of said video and or be off screen if I desire. **X\_\_\_\_\_ (Initial)**

I give Total Maternal Support permission to take notes about me, including personal information I choose to disclose, and information regarding the labor and birth of my child/ren and postpartum period I choose to share during any in person or virtual contact. **X\_\_\_\_\_ (Initial)**

I give Total Maternal Support creative right to edit, alter, copy, any and make use of all photos, audio, and or videos of me to be used in and or for promotional materials without payment or consideration. This grant of use includes but is not limited to publishing on the internet and emails, magazines, pamphlets, advertisement fliers, and in whatever other manner Total Maternal Support finds useful for self-use or self-promotion and or lawful purpose. **X\_\_\_\_\_ (Initial)**

I also understand and agree that these materials will become Total Maternal Support property and will not be returned. This release extends to all formats, media, languages, and formats now known or hereafter developed. This release shall continue indefinitely unless I otherwise revoke said release in writing. **X\_\_\_\_\_ (Initial)**

In addition, I waive any right to royalties or other compensation arising or related to the use of data, photos, videos, and audio. I hereby release rights to all claims, demands, and causes to action which I, my heirs, have or may have by reason of this authorization. that this information may be used/shared for the purpose of marketing, education, certification and/or recertification. **X\_\_\_\_\_ (Initial)**

**Sign here: X\_\_\_\_\_**

**Date here: X\_\_\_\_\_**