



PHOTO RELEASE FORM

I, [_____], grant permission to Om birth and its representatives to take and use photographs or video recordings of me for promotional and marketing purposes. I understand that these images may be used in, but are not limited to:

- The Om birth website (ombirth.love)
- Social media platforms
- Marketing materials (flyers, brochures, business cards, etc.)
- Online directories or publications related to Om birth's services

I acknowledge that:

1. I am voluntarily granting this permission and will not receive compensation for the use of my likeness.
2. Om birth will not sell or distribute these images for third-party commercial use without my additional consent.
3. I can request, in writing, that any image be removed from Om birth's online platforms at any time, and Om birth will make reasonable efforts to do so.
4. This release does not expire unless revoked by me in writing.

By signing below, I confirm that I am at least 18 years old (or have a parent/guardian's signature if under 18) and that I fully understand and agree to the terms of this release.

Client's Name (Printed): _____

Client's Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Om birth Representative (Printed): _____

Om birth Representative Signature: _____

Date: _____