



PHOTO WAIVER

NAME(S) (all attendees in party including children's names):

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Email: _____ Church: _____

Age(s): _____

Consent for use of photographs and likenesses by Care Net Pregnancy Center of Southern Maryland: I give my consent to Care Net Pregnancy Center of Southern Maryland and its employees and agents (collectively "Care Net So MD"), to take and use visual images of me and/or my child(ren). "Visual images" include any type of recording whatsoever including but not limited to photographs, digital images, drawings, renderings or video recordings along with accompanying written descriptions. I agree that Care Net SOMD owns the images and all rights related to them.

The images may be used in any manner or media without notifying me in advance. Such potential uses include educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, film, photograph, digital, internet or exhibition and may appear on center-sponsored web sites and in publication, promotion, broadcasts, advertisements and posters.

I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I understand that I will receive no consideration, monetary or otherwise, regardless of whether or not the project, or any part thereof, is published.

I also understand that my name and/or my child's name will be kept confidential unless I give permission by signing here:

Yes, you may use my name and my child's name along with our photographs.

Signature (Parent/Guardian Signature if under 18)

Date

I release Care Net So MD and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use.

I hereby freely and voluntarily consent to the use and publication of the images by Care Net SOMD from this date forward until I revoke this consent in writing.

Signature (Parent/Guardian Signature if under 18)

Date

Printed Name (Parent/Guardian Printed Name if under 18)