

PHOTO RELEASE FORM

PARTICIPANT INFORMATION:

Name: _____

Child's Name: _____

Contact Information: _____

RELEASE:

I, the undersigned, hereby grant to The 4th Trimester Mommy and Me, its officers, directors, employees, agents, and volunteers (collectively, "The 4th Trimester") the absolute and irrevocable right and permission to take, use, and publish photographs or videos of me and my child (collectively, "the Photos") in connection with The 4th Trimester's activities, events, and marketing efforts.

I UNDERSTAND AND AGREE THAT:

The 4th Trimester may use the Photos for any purpose, including but not limited to marketing, advertising, promotional materials, and social media.

The 4th Trimester may edit, alter, or modify the Photos as they see fit.

The 4th Trimester may use my name and my child's name in connection with the Photos.

The 4th Trimester may distribute the Photos to third parties for use in connection with their marketing and promotional efforts.

OPT-OUT OPTION:

I understand that I have the right to opt out of the photo release. If I do not want The 4th Trimester to use the Photos, I will indicate so by checking the box below:

Opt-out of photo release:

I RELEASE AND HOLD HARMLESS:

The 4th Trimester, its officers, directors, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action that may arise from the taking, use, or publication of the Photos, including but not limited to any claims for invasion of privacy, defamation, or copyright infringement.

SIGNATURE:

I, the undersigned, have read and understood the terms of this Photo Release Form. I hereby acknowledge and agree to the terms and conditions set forth above.

Signature: _____

Date: _____