

IMAGE RELEASE AND CONSENT AGREEMENT



Name: _____

By signing this Release, I agree to allow the Nurse-Family Partnership (“NFP”) to quote me or use photographs, video recordings or electronic images of me and/or my child in any of its publications, including NFP’s website, NFP’s social media platforms like Facebook, Instagram or Twitter, and in NFP’s marketing materials, like brochures, signs or ads. I understand that I will not receive any kind of payment when NFP uses my picture or quotes me in its materials. I understand and agree that NFP will own these materials. By signing this Release, I am authorizing NFP to edit, alter, copy, display, publish and distribute my image in order to advertise the NFP program or for other marketing purposes. I understand and agree that I will not have the right to inspect or approve of NFP’s finished products, even if they include my picture.

I am 18 years old or older and I am able to contract in my own name. If I am under age 18, a parent or guardian has signed below. I have read this Release before signing it and I fully understand its meaning and impact on me.

By checking this box, I _____ (print name) give authorization as outlined in this Release. By signing this Release, I agree that I will not sue NFP or claim any expenses, damages, or losses for NFP’s use of my image.

By checking this box, I _____ (print name) **DECLINE** authorization as outlined in this Release regarding the use of my image.

By checking this box and initialing _____ (client initials), I agree to allow NFP to contact me, even after I graduate from the program. I understand that I can ask NFP to stop contacting me at any time.

(Authorized signature) (Date)

(Printed Name)

By signing, I confirm that I _____ (printed name) am the parent or guardian of _____ . I am giving my consent willingly to this release on behalf of this person.

(Authorized Parent/Guardian Signature if under age of 18) (Date)

(Address)

(City, State, Zip Code)

(Client’s phone number)

(Email)

(Agency)