



**Healthy Mothers,
Healthy Babies**
The Montana Coalition

Healthy Mothers, Healthy Babies – The Montana Coalition

Photo Release Form

I hereby grant the Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. (hereinafter HMHB), permission to use my likeness and/or the likeness of my child in photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the HMHB and will not be returned.

I hereby irrevocably authorize HMHB to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness and/or the likeness of my child appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge HMHB from all claims, demands, and causes of action which I, my or my child’s heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or on behalf of my minor child or my minor child’s estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name

Signature

Date

If under 18, PARENT or LEGAL GUARDIAN MUST SIGN

Print Name of Minor Child

Individually and as Parent and/
Legal Guardian

Date