**CONSENT, PERMISSION AND RELEASE FOR USE**

**OF PHOTO, VIDEO AND/OR AUDIO**

I hereby give consent and permission to the New Mexico Breastfeeding Task Force (NMBTF) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of the appearance of (print name­ , age (if minor) . (see below if there is more than 1 minor)

I hereby freely and voluntarily consent to the use and publication of my name, participation, picture, and/or likeness by the NMBTF and/or its employees and/or agents, as well as the entity seeking this consent, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I acknowledge that the NMBTF is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. I acknowledge that the photographs, video and/or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released.

The NMBTF has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the NMBTF, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

I have read this Consent before signing and fully understand the contents, meaning and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this consent.

Name:

Telephone Number:

Email address (please print clearly):

Signature of Subject: Date:

Minor (Name and age): age:

Minor (Name and age): age:

Minor (Name and age): age:

Name of Parent/Legal Custodian:

 *(Required if Subject is under age 18)*

Signature of Parent/Legal Custodian: