



Valley Midwifery Group

207- 2051 McCallum Road, Abbotsford, BC V2S 3N5
Phone: (604) 859-0777

Photo/Video/Website Release Form

Dear Parent/Guardian:

On occasion, members of the **Valley Midwifery Group** may wish to use photographs, videotape, client comments, birthing stories, and/or interview comments in connection with your experience as a client. Education of midwifery practices and our services is one of our objectives. The entire community benefits from knowing about the services, resources and support offered by our group.

In order to release photos, video footage, and/or comments to be posted on our Website www.valleymidwives.ca, and /or for use in printed materials, we need written permission. To give your consent, please complete the form below.

Please note that websites can be viewed throughout the world, not just in Canada where Canadian law applies. You may, at any time request in writing that your photos, video footage, and/or comments be removed from our Website. We, the **Valley Midwifery Group**, reserve the right to determine when, and for how long, the released media will be posted on our Website.

I(We), _____ (and) _____, parent(s)/guardian(s)
please print name please print name

of _____ give permission for my child's photograph, video footage, and/or my(our) personal comments, relating to our prenatal care and/or birthing experience with the **Valley Midwifery Group**, to be used on their Website and/or in printed material for the purposes of education about, and publicity of, their services in the Fraser Valley. I(we) authorize the use and reproduction by the **Valley Midwifery Group** of any and all photographs and/or videotapes of me(us), and/or our child(children), and/or comments that I(we) supply, without compensation to me(us) and/or my child(children). All of these photographs/videotapes, and/or comments shall be used, solely and completely, by the **Valley Midwifery Group**. I(We) waive any right to inspect or approve the finished photographs/videotapes, and/or comments, and the soundtrack, script or printed material that may be used in conjunction with them.

I request that first names only be use in association with my supplied photographs, videotape(s), and/or comments.

I request that no location information (City, Town or Province) be published in association with my supplied photographs, videotape(s) and/or comments.

Signature of parent(s) or guardian(s): _____ Date _____

_____ Date _____

Contact phone number: () _____ (home / work / cell)