



FILMS, PHOTOGRAPHS, AND AUDIO RECORDINGS RELEASE FORM

MEDIA (e.g., TV Stations, Newspapers, etc.)

I, _____ (printed name), give my permission to be filmed, photographed, or recorded by The Breastfeeding Coalition of Sacramento or any of its partners (TV Station, Newspaper, etc.). By signing this form I understand that I might be seen on television or my picture may appear in a newspaper, or in other publications like magazines or pamphlets. By signing this consent form I hereby release The Breastfeeding Coalition of Greater Sacramento of any and all liability or claims resulting from the use, re-use, or publication of the films, photographs, or recordings, taken of me on the date(s) and at the location(s) identified above. I further understand and agree that these films, photographs, or recordings may be used, re-used, published, or re-published now and in the future by television stations, newspapers, and other publications.

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