



International Childbirth Education Association

Photo Release Form

Name: _____

I hereby grant permission for films, video and/or audio tape recordings, slides and photographs to be taken of me during conference instruction, assessment and other professional activities. I understand that this media will be produced and used for educational and marketing purposes. I authorize ICEA to use my photograph on its website, newsletters or in other printed publications and educational materials without further consideration, and I acknowledge the organization's right to crop or treat the media at its discretion. I also acknowledge that ICEA may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the ICEA website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

- *ICEA Board Members
- *All Employees or subcontractors of ICEA

ICEA reserves the right to discontinue use of photos without notice.

This release will supersede any previous releases on file.

Name: _____

Signature: _____

Address: _____

Phone: _____

Date: _____