

The Lady's Hands Doula Service

Consent to photograph

1) We do hereby authorize Sue Blevons CD(DONA), CLD(CAPPA) and/or her representatives to photograph:

Circle all that apply:

Our Family Labor Actual Birth Immediate Postpartum Period Baby Nursing

2) We understand that Sue Blevons CD(DONA), CLD(CAPPA) and/or her representatives intends to use these photographs for the purpose of education and promotion of labor support. For our privacy, Sue Blevons CD(DONA), CLD (CAPPA) and/or her representatives states that no graphic* photographs which are used for these purposes will be labeled with names or other identifying information.

Vital information that May or May Not (Circle One) be disclosed includes:

3) We consent the use of photos of the mother baby and family to be used for the maintenance of a scrapbook available for clients to read. We also agree that the first names of ourselves and our children, the date and time of the birth, the baby's weight, the length and head circumference and the place of birth can be placed in the scrapbook along with the photographs.

4) We consent to having photos or unidentified birth photos, as described above, exhibited, reproduced, copied or published by Sue Blevons CD(DONA), CLD(CAPPA) and/or her representatives for labor support promotion and education, which includes raising awareness about her Doula service. This authority specifically includes incorporating these photographs or replicas thereof into books, brochures, Childbirth Education Courses, Doula Training Courses, website, newspapers, magazines and on television programs that may actually be published and distributed by someone other than Sue Blevons CD(DONA), CLD(CAPPA) and/or her representatives (i.e. national magazine, network television, etc).

5) We understand that Sue Blevons CD(DONA), CLD (CAPPA) and/or her representatives may use our camera, film and/or video recorder to take pictures. We agree not to hold Sue Blevons CD(DONA), CLD (CAPPA) and/or her representatives

responsible for any damage to our equipment or film.

6) Name (s) and age (s) of children to be photographed.

7) Photos of the birth will be taken from a perspective to protect the mother's modesty as much as possible.

We DO ___ Do NOT ___ want photographs taken of events which require a more graphic view, such as crowning of the baby's head.

8) We understand that we will NOT be compensated by Sue Blevons CD(DONA), CLD (CAPPA) and/or her representatives or any other person/publisher for the use of our photograph/s at this time or any time hereafter. We further understand that Sue Blevons CD(DONA). CLD(CAPPA) and/or her representatives will do their best to notify us in the case that any of the photograph/s are actually published and that failure to do so does not cancel this permission to publish. We also agree that we have seen the photograph/s that may be used and we have signed the back of each.

I have read and understand the statements above.

Date _____

Mother's printed name here:

Mother's signature:

Doula's printed name here:

Doula's signature:

* Discreet is defined as - Any nudity or body fluids during labor, Birth or immediate postpartum period (first two hours after the birth).