

MOST

(Mothers of Supertwins)



PO Box 306 East Islip, NY 11730
(631) 859-1110 ♥ (631) 859-3580 (fax)

www.MOSTonline.org

RELEASE/CONSENT FORM (Photo/Video)

I, the undersigned below, irrevocably consent to and authorize the use, publication and reproduction at any time by MOST, or anyone they may authorize of any and all photographs of me, my children or family, for any editorial purpose, television, promotion, art, advertising or other purpose whatsoever.

I further consent that our names and identities may be revealed by descriptive text or commentary for some projects. I understand that there will be no financial or other remuneration for either the initial or subsequent use of these photos/videos.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____

Children's Name(s): _____

Digital file name(s) of photo(s)/video(s) submitted:

Original MOST/PreemieCare project for which photo/video was submitted (check one):

SUPERTWINS Magazine

Other print materials

Websites

Monthly eNews

Blog

Parenting book

Video

Event

Memorial

Member Testimonial

Media Opps/Classified Ad

General use

Other please specify: _____

Note: per agreement above, photos/videos may be used for other purposes by MOST/PreemieCare.

Address: _____

City: _____ State: _____ Zip _____

Phone: () _____ - _____

Signature: _____

Date: ____/____/____

Note: Completed signed forms can mailed, faxed, or scanned into an electronic file that can be sent by email to MOST at mostmeminfo@mostonline.org.