

**IMAGE RELEASE AND CONSENT AGREEMENT
("Release")**

Name: _____

By signing this Release, I agree to allow the Nurse-Family Partnership ("NFP") to quote me or use photographs, video recordings or electronic images of me and/or my child in any of its publications, including NFP's website, NFP's social media platforms like Facebook, Instagram or Twitter, and in NFP's marketing materials, like brochures, signs or ads. I understand that I will not receive any kind of payment when NFP uses my picture or quotes me in its materials. I understand and agree that NFP will own these materials. By signing this Release, I am authorizing NFP to edit, alter, copy, display, publish and distribute my image in order to advertise the NFP program or for other marketing purposes. I understand and agree that I will not have the right to inspect or approve of NFP's finished products, even if they include my picture.

By signing this Release, I agree that I will not sue NFP or claim any expenses, damages, or losses for NFP's use of my image.

I am 18 years old or older and I am able to contract in my own name. If I am under age 18, a parent or guardian has signed below. I have read this Release before signing it and I fully understand its meaning and impact on me.

By checking this box, I agree to allow NFP to contact me, even after I graduate from the program. I understand that I can ask NFP to stop contacting me at any time.

Text/Cell number: _____

Email: _____

(Authorized Signature / Date)

(Printed Name)

Child's Name (if applicable)

If the person signing is under age 18, this Release must also be signed by a parent or guardian.

By signing below, I confirm that I am the parent or guardian of _____, named above. I am giving my consent willingly to this release on behalf of this person.

(Parent/Guardian's Signature) _____ (Date)

(Parent/Guardian's Printed Name)

(Address)

(City, State, Zip Code)

Telephone number _____

Email _____

Agency _____