Parent/Self Portrait Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to ***Natasha Doula Birth Marks.com***  to use the image of my child or self, , as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on ***Natasha Doula Birth Marks by Natasha Baker*** website or display business advertisement.

❑ Deny permission to use my child’s or self-image at all.

❑ Grant neither permission to use my child’s nor self-image in the following ways (mark all that apply):

* **Limited usage:** I want my child’s or self-image used within the The Doula Place or Mother Worth Networking setting only (not in the larger community).
* **Limited usage:** I want my child’s or self-image used for educational materials only (not marketing). This could be either within The Doula Place or in the larger community. One example of this could be videos in parent education classes.
* **Limited usage:** I want my child’s or self-image used on printed materials only (no digital or video use).
* **Unrestricted usage:** I give unrestricted permission for my child’s or self-image to be used in print, video, and digital media. I agree that these images may be used by The Doula Place or Mother Worth Network for a variety of purposes and that these images may be used without further notifying me. I do understand that the child or self-portrait’s last name will not be used in conjunction with any video or digital images.

Signature Date

Please make a copy of this form for your own records and mail or fax the original to:

Natasha Baker

Birth & Postpartum Doula

Natasha Doula Birth Marks & Mother Worth Networking

214-206-6046

If you have questions, contact Natasha Baker at 214-206-6046.