



City of Oaks
MIDWIFERY

Media Release Form

I, _____, grant permission to City of Oaks Midwifery to use my image (photographs) for use in their office and on social media platforms.

Check all that apply:

- In-office bulletin board
- Emails
- Newsletters
- Website and/or Affiliates
- Social Media

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I understand that City of Oaks Midwifery will make every effort to keep my name and the name of my newborn child private.

_____ (initial) I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of release.

Signature: _____ Date: _____

Name (please print): _____

Date of Birth: _____

Address: _____