

nilmdts

Now I Lay Me Down to Sleep

CONSENT, AUTHORIZATION AND RELEASE

I, as a Parent, have contacted Now I Lay Me Down to Sleep (NILMDTS), a non-profit organization, to provide me with a keepsake of my child(ren). I understand this is a gift, and will accept it as such. I/We agree to or represent the following:

1. *Hospital.* I understand that the Hospital is not affiliated with either the Photographer or NILMDTS. **Initial** _____
2. *Authorization to Photograph.* I represent that I am the parent or legal guardian of my child(ren) set forth below, have the authority to enter into this agreement, and authorize the Photographer to photograph my child(ren). **Initial** _____
3. *Parent's Use of Negatives/Photographs.* I understand that the Photographer grants me permission for "Personal Usage" of the negatives (digital, hard copy or any other format) in perpetuity. Personal Usage shall mean any use that is of a personal, non-commercial, and not for profit. **Initial** _____
4. *Photographer's Use Permitted.* I permit the negatives, digital images, and photographs of my child(ren) to be used by NILMDTS and the photographer for educational purposes on the NILMDTS Discussion Forum or for official NILMDTS use and training. This permission does not include personal or commercial use by the photographer on websites, blogs, competitions, social networks, etc. **OR** **Initial** _____ (Initial #4 or #5)
5. *Photographer's Use Not Permitted.* I do **NOT** permit the negatives, digital images or photographs to be used by NILMDTS or the photographer for educational purposes or use on the NILMDTS Discussion Forum. **Initial** _____
6. *Viewing.* I request that the images be made available for viewing on a secure Online Viewing Service. **Initial** _____
7. *File.* I understand that this form will be maintained by NILMDTS at its headquarters. **Initial** _____
8. *Release.* I release and forever discharge NILMDTS, the Photographer, the Hospital and their agents, employees, officers, directors, and representatives from all past, present, or future claims, actions, causes of action, damages, cost, and expenses that in any way grow out of, or are related to, the taking of photographs and the matters described herein. **Initial** _____
9. *Indemnification.* If any person not signing this form brings a claim against NILMDTS or the Photographer that is related to the photography of my child(ren), I will indemnify and hold NILMDTS and the photographer harmless from any damages incurred as a result of those claims. **Initial** _____

HOSPITAL: _____

PARENT INFORMATION: _____ Date: _____

Child(ren): _____ Date of Birth: _____

<p>Parent Signature: _____</p> <p>Printed Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone: (Home) _____</p> <p>(Work) _____</p> <p>(Cell) _____</p> <p>Email: _____</p>	<p>Parent Signature: _____</p> <p>Printed Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone (Home) _____</p> <p>(Work) _____</p> <p>(Cell) _____</p> <p>Email: _____</p>
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PHOTOGRAPHER INFORMATION (Required):

Printed Name: _____ Date: _____

Signature: _____ Email: _____

Phones: (Cell) _____ (Studio) _____

PLEASE LEAVE A COPY WITH THE FAMILY. Upload a copy when you log your session at www.nowilaymedowntosleep.org/account/ AND a copy TO: headquarters@nilmdts.org or FAX: 720-283-8998

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