



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:**

Child(ren): \_\_\_\_\_ Date: \_\_\_\_\_
Print Name(s) of Child(ren) Date of Birth

Parent Signature: \_\_\_\_\_
Printed Name: \_\_\_\_\_
Relationship: \_\_\_\_\_
Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_
Printed Name: \_\_\_\_\_
Relationship: \_\_\_\_\_
Address: \_\_\_\_\_

City State Zip Code

City State Zip Code

Phone: (Home) \_\_\_\_\_
(Work) \_\_\_\_\_
(Cell) \_\_\_\_\_

Phone (Home) \_\_\_\_\_
(Work) \_\_\_\_\_
(Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**PHOTOGRAPHER INFORMATION (Required):**

Printed Name: \_\_\_\_\_
Signature: \_\_\_\_\_
Phones: (Cell) \_\_\_\_\_

Date: \_\_\_\_\_
Email: \_\_\_\_\_
(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

NILMDTS Discussion Forum for families: www.nowisleep.com