



*"Partners in Perinatal Quality"*

## Consent for the Use and Publication of Images

Printed name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Image(s) can be used: From (date) \_\_\_\_\_ to (date) \_\_\_\_\_ or Indefinite, check here



### Purpose of Consent:

To allow use of photos submitted to TIPQC from outside sources on their web site [www.tipqc.org](http://www.tipqc.org).

### Expiration and Right to Revoke Consent:

\_\_\_\_\_ (Initials) I may revoke permission to use my photo(s) at any time in writing. Otherwise, permission is revoked on the above expiration date.

### Re-publication:

\_\_\_\_\_ (Initials) I understand that the photo published by this consent may be subject to re-publication by anyone viewing this web site, and that the photo will no longer be protected by this consent except on TIPQC's web site.

I understand that for the purposes of this consent, the terms "image" and "photo" encompass still photographs, digital images, video and any other method to reproduce or edit my/my child's likeness now known or hereafter developed.

(Check Box) I agree to the terms of the Consent for the Use and Publication of Images.

Signature of photographed individual/legal representative: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship of legal representative to photographed individual (e.g., parent, guardian): \_\_\_\_\_

\*\*This release applies to all photos attached with the release.