

## **Photographic Release of Liability**

### **Photographic Release of Liability for Kate Katahdin, Doula & LMBT (NC #5345) for use in brochures or website**

**I ACKNOWLEDGE AND CONSENT to the publication and/or display of any photograph(s) taken of me, my spouse and/or my child by Kate Katahdin for publication on katekatahdin.com or birthtransforms.com websites or brochures for her massage doula practice.**

**I understand that by my consent, any photograph(s) in which I/we appear may be displayed on either of Kate's websites, brochures or printed materials provided that they meet the criteria below.**

**Please further describe your consent by initialing the statement of your choice.**

**\_\_\_ I consent to said photography provided, I am discretely covered i.e. both bikini areas are covered at all times.**

**\_\_\_ I consent to said photography. Breast tissue exposure incidental to breastfeeding is fine as are abdominal shots, but please make sure that the mother's pubic region is not exposed.**

**I ACKNOWLEDGE that Kate Katahdin, Doula & LMBT (NC #5345) is not liable to me or my heirs for any misuse or alteration of my/our photograph(s) by others.**

**Name (print) \_\_\_\_\_**  
**signature \_\_\_\_\_ date \_\_\_\_\_**  
**Address \_\_\_\_\_**  
**City, State, Zip \_\_\_\_\_**  
**Witness (print & sign) \_\_\_\_\_**