

Consent for Photographs and/or Videos

I _____ (insert full name) give permission for photographs and/or videos of me to be used for midwifery promotional and educational material.

This may include presentations at conference, information leaflets, and posters, all New Zealand College of Midwives publications, website and social media. We may also use some them, or part of them, in our education forums and workshops.

In agreeing to allow photography/videography of me, I agree to waive all rights in relation to use, reuse or disclosure of this material by the New Zealand College of Midwives. We may also allow third parties with whom we work on educational and promotional projects to use the images.

Name: _____ (in full including middle names)

Address: _____

Phone: home: _____

mobile: _____

Email: _____

Signature:

Date: