



## Florida Lactation Consultant Association Photo Release Form

I hereby grant Florida Lactation Consultant Association (FLCA) permission to use my photographs on their website [www.flca.info](http://www.flca.info) as well as their Facebook page. I understand I will make no monetary or other claim against FLCA for the use of the photographs. I understand I may request the photos be removed from the website by submitting a written request to [flcassociation@gmail.com](mailto:flcassociation@gmail.com)

Name (print full name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (print full name if signing for child under 18 years) \_\_\_\_\_


Parent's Signature (if signing for child under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

 **Please note that a signed release is needed for each person in the photograph. Address and telephone number are for information purposes only and will be used only if someone from the FLCA Board needs to contact you. Thank you**