

Consent To Photograph

The undersigned do hereby authorize Stephanie Nobles of Simple Blessings Doula Services to photograph_____.

I hereby acknowledge that these photographs belong to Stephanie Nobles and I understand that she intends to use these photographs for the purpose of education and promotion of labor support. I consent to their being published, exhibited, reproduced, copied and used by Stephanie Nobles and Simple Blessings Doula Services. This authority specifically includes incorporating these photographs or replicas thereof in any material distributed by Stephanie Nobles and Simple Blessings Doula Services.

Signature(s) of adults in photographs

Date_____ Signature_____

Signature_____

Name(s) and age(s) of children in photograph:

Name(s) and relationship of other(s) in photograph:
