



## Release Form for Media Recording

I, the undersigned, do hereby grant permission to the National Healthy Start Association to use images of myself and/or my child(ren), named below. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images and/or video taken of myself and/or my child(ren) for use in materials that include, but may not be limited to, printed materials such as posters, brochures and newsletters, videos and digital images such as those on the National Healthy Start Association's Web site.

**Check here to confirm permission:**

- Unrestricted usage:** I give unrestricted permission for the image to be used in print, video and digital media. I agree that these images may be used by the National Healthy Start Association for a variety of purposes, and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Consumer/Parent/Guardian

Print name \_\_\_\_\_

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

Children's names:

\_\_\_\_\_  
\_\_\_\_\_

Name of Project \_\_\_\_\_

**Please make a copy of this form for the Project's records and mail or email the original to:**

Donnell Lewis  
One Creative Source  
811 Quincy Street, NW, Suite 309  
Washington, DC 20011  
[creativesource70@yahoo.com](mailto:creativesource70@yahoo.com)

### Questions:

Alma Roberts, MPH, FACHE (NHSA Board Member)  
President / CEO  
Baltimore City Healthy Start, Inc.  
2521 N. Charles Street  
Baltimore, MD 21218  
(410) 396-7318 voice  
(410) 366-2855 fax  
[alma.roberts@baltimorecity.gov](mailto:alma.roberts@baltimorecity.gov)