



North Memorial

3300 Oakdale Avenue North
Robbinsdale, MN 55422-2900

Infant Photographic Release

Mother's full name (print clearly)

North Memorial has contracted with a photography company to provide you with photography services. This form allows you to either grant permission to the company to take your baby's photograph, or refuse to grant that permission. This is not an order form, and does not obligate you to purchase photographs.

- I grant permission for my/our child or children to be photographed.**

I understand that the photography company will offer me the option of posting photographs on the company's website. If I decide to use the website option, I understand that the company will ask me to sign a separate consent for that purpose.

[Please note: North Memorial is not affiliated with the photography company's website, and that any questions or problems with the website will be handled by the photography company.]

- I do not want my/our child photographed.**

By signing below, I release North Memorial, its staff, officers, trustees, employees, and agents from any and all claims or liabilities that may arise out of or relate to the taking of photograph(s) in accordance with this consent form.

Date: _____ Signature: _____ Phone: _____