

**LONG ISLAND LACTATION CONSULTANT ASSOCIATION  
(LILCA)**

**EXPRESSION OF PERMISSION TO HAVE PHOTO,  
VIDEO OR AUDIO RECORDING TAKEN**

I, \_\_\_\_\_, the undersigned, hereby grant permission  
Name of subject being photographed  
to have photograph, video or audio recordings taken of me by \_\_\_\_\_  
for LILCA.

I specifically understand and agree that the photographs, videotape or audio recordings, names, dates and other pertinent information are to be used for newspaper, and other media releases and that I shall neither expect nor receive remuneration for such use.

It has been explained to me that I have the right to request cessation of filming or recording.

It has been explained to me that I have the right to rescind consent for use up until a reasonable time before the film or recording is used.

I release and agree to hold harmless LILCA, its Board of Directors and members from all responsibility or liability for any damages which I may suffer by reasons of taking of such photographs, video or audio recordings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Photographed subject's signature (if unable to sign, see below)

NOTE: This permission must be signed. If subject is incompetent, or for any reason is unable to sign, an explanation of such inability must appear below, in which case the form must be then signed by the legal guardian or representative of the subject, along with the corresponding designation written below, and guardian or representative's name printed below their signature. Name of actual photo SUBJECT should still be printed on the first line of this form.

Explanation of inability to sign, if applicable (must sign, date, and print name below):

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

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Legal Guardian: \_\_\_\_\_