

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

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

I, _____, the undersigned, hereby grant permission
Parent or Legal Guardian's Name
to have photograph, video or audio recordings taken of the minor,

_____, by _____
Minor's Name
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: _____
Parent or Legal Guardian

NOTE: This permission must be signed by the minor's legal parent or legal guardian only. No one else may sign on behalf of the minor.