



## Midwives Association of Manitoba (MAM) Photograph Consent Form

I \_\_\_\_\_ consent to allow the use of the forwarded photographs by the Midwives Association of Manitoba.

I understand the following conditions:

- The donated photographs may be used for promotional use
- The photographs will not be used by outside parties or sold to outside parties
- The photographs may be edited (cropped, clarified, etc.)
- The photographs may be kept for future use and disposed of within the next 10 years
- The donation of the attached photographs are completely voluntary and should I wish to remove them from MAM's photo bank before the allotted time MAM will comply to this right

I confirm that I am over 18 years of age and that I have not given anyone the exclusive right to use my name, portrait, picture or photograph.

Signature \_\_\_\_\_

Date \_\_\_\_\_