



**Kay Hoover, M Ed, IBCLC, RLC**  
International Board Certified Lactation Consultant

**Photograph Release Form**

I consent for Kay Hoover to take photographs and video tapes of me, my child, and other family members for medical education purposes and for use in breastfeeding promotional materials. I understand they may be used in publications, posters, presentations, CD ROMs, DVDs, by the International Board of Lactation Consultant Examiners for their examination, or sold to health care professionals. I understand our names will never be used in connection with the images.

Photograph is of \_\_\_\_\_ age \_\_\_\_\_  
baby  
\_\_\_\_\_ days pp  
mother  
\_\_\_\_\_  
father  
\_\_\_\_\_  
other family members

taken on \_\_\_\_\_ at \_\_\_\_\_  
date place

\_\_\_\_\_  
Signature of one of the parents Phone Date

\_\_\_\_\_  
Signature of the photographer Date

Subject \_\_\_\_\_