



International Association of Infant Massage – IAIM® dba

Infant Massage WINC

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Media Release / Permission Form

Videotape and Photograph Consent Form: **Student or Parent/Guardian**

I, _____, hereby give my consent to be videotaped and photographed by **Infant Massage WINC™/IAIM®**, or WINC's approved representative. I also hereby give my permission for any such videotapes or photographs to be used for educational and research purpose, or for either of those purposes, including without limitation, for instructing students or professional staff, for promotional purposes, including without limitation, on the **Infant Massage WINC™/IAIM®** website or printed materials such as flyers or brochures. The videotapes and photographs, or copies of them, may not be distributed to members of the public, outside the usage of **Infant Massage WINC™/IAIM®**. I require that all information concerning me, other than the contents of the videotapes and the photographs, be kept confidential.

Date: _____ Student or Parent Signature: _____

Videotape and Photograph Consent Form: **Child**

I, _____, am the parent or legal guardian of the child, _____ I hereby give my permission for that child to be videotaped and photographed by **Infant Massage WINC™/IAIM®**, or WINC's approved representative. I also hereby give my permission for any such videotapes or photographs to be used for educational and research purposes, or for either of those purposes, including without limitation, for instructing students or professional staff, for promotional purposes, including without limitation, on the **Infant Massage WINC™/IAIM®** website or printed materials such as flyers or brochures. The videotapes and photographs, or copies of them, may not be distributed to members of the public, outside the usage of **Infant Massage WINC™/IAIM®**. I require that all information concerning the child, other than the contents of the videotapes and the photographs, be kept confidential.

Date: _____ Parent Signature: _____