



CONSENT FOR PHOTOGRAPHY / BELLA BABY

I understand that signing this gives Bella Baby Photography permission to take my baby’s photograph. I grant Bella Baby Photography permission to post my baby’s photos online with password protection.

Bella Baby Photography promotes safe sleep standards. Our photo shoots are conducted with the direct supervision of parents or medical professionals and at no point are babies left alone in an unsafe sleeping position. Some poses on our website or in customer galleries may not appear to meet safe sleep guidelines, however, this is not the case as these particular photographs have been created for artistic purposes and with parental or medical supervision. Please visit <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx> to obtain more information on safe sleep standards.

I grant Bella Baby Photography the right to use our photos for marketing and promotional purposes. I understand that Bella Baby upholds a strict no returns or refunds policy as all products are customized with my baby’s image. I also recognize that the prices presented in the brochure do not include tax or shipping. I understand that the Hospital may receive direct or indirect compensation from Bella Baby as a result of its independent agreement with Bella Baby and/or as a result of my use of Bella Baby’s services.

I hereby release Bella Baby Photography and Hospital from any liability. If paying by credit card the below signature acknowledges this charge as valid and shows my agreement to pay total amount in full.

Mother’s Name _____ RM# _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Baby’s Name _____ Baby’s D.O.B. _____

Signature _____ Date _____

NOTES:

Empty rectangular box for notes.



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