



**Circle Together Photography, Videography,
and Use of Disclosed Information Authorization and Consent**

I, _____, hereby authorize and consent that Circle Together, a collaboration of stakeholders across NC committed to optimizing early relational health through promoting attachment-informed educational and caregiver practices and policies, and its agents shall have absolute right to publish, use, distribute, view, or assign my photographic portrait, picture, video.

It is understood that the images and content may be used in the promotion of in any and all media including, but not limited to, the Circle Together website, printed publications, and Circle Together policy promotion materials.

I hereby waive all claims for any compensation for such use. I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied. I hereby warrant that I am of full age and have the right to contract in my own name.

Signature: _____

Date: _____