



Mission Family Poster

If you would like to have a Mission Family poster created for the 2015 March for Babies, please email or send the following information by **April 3, 2015**:

- Child/ren's Name
- Connection to March of Dimes mission
- A brief version of the child's story. A quote will be pulled from your story for the poster
- Attached Consent Form

Optional Information to include:

- Birthday
- Birth weight/Number of weeks early
- Picture

Please mail the poster information to:
parmstrong@marchofdimes.org or mail the information to
5620 Kirkwood Highway, Wilmington, DE 19808. Please call
302-225-1020 with any questions.

* Posters may be used at other March of Dimes Events

Delaware Chapter
5620 Kirkwood Highway
Wilmington, DE 19808
Telephone (302)225-1020
Fax (302)225-1030
parmstrong@marchofdimes.org

Pamela K. Armstrong
Senior Community Director

CONSENT AND RELEASE PHOTOS/ PERSONAL STORIES

In consideration of the furtherance of the programs of the March of Dimes Foundation (the "March of Dimes") I, _____ (Parent's Name) and for _____ (Child's Name), hereby give irrevocable permission to the March of Dimes, its Chapters, and its designees and assignees, to take and use photographs, recordings, motion pictures, digital pictures, video tape pictures and any other form of pictures, or fixed form, including likenesses, voices, personal stories and accounts ("the Materials") relating directly or indirectly to me, my family or subjects under my control, and to copyright, exhibit, reproduce, publish, license or distribute them at any time locally, regionally, nationally or world-wide in any form or medium of communication now known or hereinafter devised, whether with or without accompanying personal stories and accounts without prior notification to me and without further consideration

I understand the materials may be used for educational, public relations, fundraising and other purposes in furtherance of the March of Dimes mission and purposes. I understand that the March of Dimes will retain all ownership rights and interests in the Materials and that the March of Dimes has no obligation to use the Materials.

I release and discharge March of Dimes from any claims or demands in any way relating to the use of the Materials relating directly or indirectly to me, my family or subjects under my control.

For myself and heirs and assigns

1. _____ [SIGNATURE] _____ [DATE]
2. _____ [AUTHORIZED PARENT OR GUARDIAN SIGNATURE] _____ [DATE]
3. _____ [AUTHORIZED PARENT OR GUARDIAN SIGNATURE] _____ [DATE]
4. _____ [HOME STREET ADDRESS] [CITY] [STATE] [ZIP CODE]
5. _____ [WITNESS] _____ [DATE]

SPACE BELOW FOR MARCH OF DIMES USE ONLY

HOSPITAL OR LOCATION: _____

DESCRIPTION OF SUBJECT: _____

DESCRIPTION OF SCENE OR STILL: _____

CLOTHING: _____

PROJECT TITLE: _____