



Release of Liability

for publication of names, photographs and labor, birth and/or breastfeeding experiences in the CAPP: Quarterly

I acknowledge and consent to the publication of my/our names, my/our labor, birth and/or breastfeeding experience and/or any photograph(s) taken of me/us by _____ for publication in the CAPP: (Childbirth and Postpartum Professional Association) Quarterly magazine.

I understand that by my consent, my/our name, my/our experiences and any photograph(s) in which I/we appear may be published in the CAPP: Quarterly magazine, currently posted on the CAPP: website. Also by being publicly accessible online, they may be susceptible to being copied, otherwise used, and perhaps altered.

I acknowledge that CAPP: is not liable for any misuse or alteration of my/our name, my/our experiences and my/our photograph(s) by others.

Name _____

Signature _____

Address _____

City, State, Postal Code, Country _____

Witness _____

Signature _____

Date _____

- ✚ Mail completed permission letter with author's name, email and phone number to CAPP:, PO Box 491448, Lawrenceville, GA 30049. In addition to the mailed copy, a scanned signed copy of the letter may also be emailed to Michelle Schnaars, Director of Publications at doulamichelle@comcast.net.
- ✚ Email required submission materials to Michelle Schnaars at the above email address.