



DATE _____

The NICU: A Life In Between

I grant Positive Exposure the permission to use my / my family's photograph and video to share our NICU community experiences through photography, video and narrative.

Usage includes print, exhibition, video, book, brochure, website and social media platforms.

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Parents / Guardian _____

Signature: _____

POSITIVE EXPOSURE is a non-profit organization the promotes a more inclusive world through photography, film, lectures, exhibitions, workshops and educational programs.

**POSITIVE
EXPOSURE**

14 EAST 109TH STREET, NEW YORK, NY 10029
POSITIVEEXPOSURE.ORG | 212.420.1931