



**MARCH
FOR BABIES**

**2021 VIRTUAL
MARCH FOR BABIES
EXPERIENCE**

RECORDING TIPS

- Find a place that you're comfortable filming in, such as - around your neighborhood, workplace (if allowed), or home.
- We'd love it if you would briefly tell us who you are walking for, and why, in your 30 second video.
- Be natural – don't feel like you have to be perfect when you tell us who you are walking for, and why.

VIDEO SPECIFICATIONS & DELIVERY

- Use your mobile phone or tablet to record – do not use a video camera.
- Film holding your device horizontally.
- While filming yourself talking, put camera in selfie mode.
- Length of video should be no more than 30 seconds.
- Upload video and Video Release Waiver to the following OneDrive folder-
https://modimes-my.sharepoint.com/:f:/g/personal/jcarlo_marchofdimes_org/ElCrlqQ1IylAgPVfF012qKIBhT2UvPuR7NH9kmYJw4-_g
- Alternatively, you may send via your preferred file transfer service (DropBox, WeTransfer, etc) to jcarlo@marchofdimes.org



WAIVER AND CONSENT

I hereby grant the March of Dimes permission to use my name, likeness and/or stories, including without limitation, as depicted in photographs, videos, audio recordings and/or the Family Questionnaire, for educational, public relations, fundraising and other purposes, in any form or medium of communication now known or hereafter devised, including without limitation, print and digital media.

I represent and warrant that I am the owner of the photograph(s) and/or the video(s) described below (if applicable), and hereby grant to MOD an irrevocable, non-exclusive, royalty free license to use the photographs and/or the videos for educational, public relations, fundraising and other purposes at any time in any form or medium of communication now known or hereafter devised, including without limitation, print and digital media.

On behalf of myself and any children identified below, I hereby represent and warrant that I have the right to grant all of the rights I have given under this Waiver and Consent and I hereby waive, release and forever discharge the March of Dimes from any claims or demands in any way relating to the foregoing grant of rights.

Description of Photo/Video: _____

Description of Story: _____

For myself and heirs and assigns: _____

1. _____
[PARENT/GUARDIAN] [DATE]

2. _____
[PRINT NAME] [DATE]

3. _____
[STREET ADDRESS] [CITY] [STATE] [ZIP CODE]

4. _____
[TELEPHONE NUMBER] [EMAIL ADDRESS]

5. _____
[WITNESS] [DATE]

SPACE BELOW FOR MARCH OF DIMES USE ONLY

HOSPITAL OR LOCATION: _____

DESCRIPTION OF SUBJECT: _____

DESCRIPTION OF PHOTO/VIDEO (SCENE OR STILL): _____

DESCRIPTION OF STORY: _____

PROJECT TITLE: _____