



Photo/Video Release Form

For Good and Valuable Consideration, we hereby grant permission to Gweneth E. Cole, DBA The Wedding Nurse, to use our names and any photographs/videos that we have sent to her, in all forms of media for advertising, trade, and any other lawful purposes.

Date of Marriage: ____/____/____

Location of Marriage: _____

Party A: Bride Groom Spouse

Name (print): _____

Signature: _____

Date: ____/____/____

Party B: Bride Groom Spouse

Name (print): _____

Signature: _____

Date: ____/____/____

Gweneth E Cole, RN
Marriage Officiant/Notary Public/Ordained Minister
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