



photo and video consent form

Date _____

Name (please print) _____

I allow the Children's Trust to photograph and/or videotape myself and my child(ren). I understand that this material, as well as photos or videos I provide, may be used in publications, websites, social media, and other communications of the Children's Trust.

Signature of Parent or Guardian _____

___ I allow the Children's Trust to identify my family and me (by first name only) with the community in which we live. City or town of residence: _____

Parent's first name(s): _____

Child's first name: _____

Child's first name: _____

Child's first name: _____

Child's first name: _____

Child's first name: _____

Child's first name: _____