

## **CONSENT FOR RELEASE OF PHOTOGRAPHY/VIDEO TAPING FOR MEDIA, PROMOTIONAL OR EDUCATIONAL PURPOSES**

I, \_\_\_\_\_,  
(Print Name of Child)

hereby give my consent to have photographs, videotaped images, or other images made of myself/my artwork and/or consent to interviews with a member of the news media or a representative of CHRISTUS Southeast Texas Foundation or Children's Miracle Network Hospitals.

I understand and agree that these images may be used by the news media, CHRISTUS Southeast Texas Foundation, or by Children's Miracle Network Hospitals for publications, promotional or educational purposes. I will be held free and clear of any responsibility or claim for personal liability during the production of the aforementioned.

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date