**VIDEO CONSENT FORM**

**Date:** [MM/DD/YYYY]

**Name (please print):** [Full Name]

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] |
| **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: [Residence]

|  |  |
| --- | --- |
| **Parent’s First Name(s):** | [Full Name] |
| **Child’s First Name:** | [Full Name] |
| **Child’s First Name:** | [Full Name] |
| **Child’s First Name:** | [Full Name] |
| **Child’s First Name:** | [Full Name] |
| **Child’s First Name:** | [Full Name] |