



Cheltenham Communities That Care Media Permission Form

I give my child permission and do hereby give Family Services and Cheltenham Communities That Care (CTC), or a representative thereof, permission to use name, picture, portrait, photograph, video and/or audiotape of myself and/or my child in all forms and media for public relations activities. I waive my right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I have read this form and understand its contents.

____ I have reviewed my child's entry and grant permission for submission.

Print Parent Name: _____

Parent Signature: _____ Date: _____

Full Name of Child: _____

____ Check if child is under age 18 Grade in School: _____

Name of School Child Attends: _____

Child's Signature: _____

How you would prefer your child's name be listed (including but not limited to Cheltenham CTC and other community websites)?

On websites _____