



PHOTO CONSENT FORM

I hereby authorize and give full consent to Children's Hunger Alliance (CHA) for my child/children to be photographed, videotaped, interviewed or recorded while participating in CHA activities or meal programs. I understand that the media may be published, aired or otherwise used in newspapers, newsletters, websites, brochures and/or news and radio broadcasts for/about CHA. I understand that CHA will take care to encourage third party media outlets that may use photographs, videotapes and/or interviews to represent and/or portray the best and have the highest regard for the participants in the program. However, I understand that CHA has no control over or liability for decisions regarding use of these materials by third party media outlets.

PRINT: Participant(s) Full Name: _____

PRINT: Name of Parent/Guardian
(if participant is under 18 years of age)

SIGNATURE: Parent/Guardian
(if participant is under 18 years of age)

Date

NAME OF CENTER _____