

**Media Release Consent Form**

DATE: \_\_\_\_\_

NAME OF PERSON GIVING CONSENT (PRINT): \_\_\_\_\_

*I hereby grant permission to the person and/or organization listed below to release any **photographs or videos** applicable to myself or my family.*

**PERSON AND/OR ORGANIZATION TO RELEASE INFO:**

The Caring Place, Inc.  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*Persons authorized to request information are The Caring Place's **Executive Director, Program Manager, Children's Program Coordinator and Office Manager***

\_\_\_\_\_  
TCP STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE