

VISION
FOR
BALTIMORE



PHOTOGRAPHIC AND CONSENT RELEASE FOR A MINOR CHILD

We request your permission to use your child's image, voice, and name to promote and raise public awareness about the Vision For Baltimore program. Your signature below gives Vision For Baltimore permission to use, reuse, print, publish, or republish your child's image, voice, and name in printed, electronic, or other format for this purpose, without payment or other consideration, and without time limit. Your child's image, voice, and name may also be shared with members of the media reporting on the Vision For Baltimore program.

Child's Name (please print) _____
Name of School _____
Phone _____ **Email** _____
Street Address _____ **Zip Code** _____
Parent/Guardian Signature _____ **Date** _____

Thank you for your contribution to our work on behalf of children. If you have any questions about the program, please contact the BCHD Vision for Baltimore Program Administrator at 410-545-0140 or visionforbaltimore@baltimorecity.gov