## **Child Dedication Consent & Photo Release Form**

## **Child Information**

Child's Full Name
Date of Birth
Parent/Guardian Information
Parent/Guardian Name(s)
Contact Number
Email Address
Address
Addiess
Consent
We give consent for my/our child to participate in the Child Dedication event.
Photo Release
We authorize the organization to take photographs/videos of my/our child during the event and use them for church publications, website, and social media.
Signature
Date