




MEDIA/PUBLICATION AUTHORIZATION & RELEASE

P: 727.896.6390 F: 727.896.6380 P.O. BOX 1881, ST. PETERSBURG, FL 33731
WWW.CHILDRENSDREAMFUND.ORG

 I (We) _____, being the _____ of
(NAME OF PARENT(S) / GUARDIAN) (PARENT(S) / GUARDIAN)

_____, authorize the Children's Dream Fund to release any information
(NAME OF CHILD)

concerning the above named child about his/her dream, illness or any related information to the below named outlets. If marked yes for news/print/video media, you are further authorizing the Children's Dream Fund to present to the general public any information and/or any photographs, recording, interviews and similar information which the media may gather about the above named child, his/her illness and the efforts of the Children's Dream Fund to assist the child and his/her family.

 **Photography: May we share your child's photo with:**

(Please Check Yes or No)

- Yes No The individual or group that sponsored the child's dream in order to thank them properly
- Yes No Potential news media, including television, newspaper, radio or other communications or advertising mediums
- Yes No The Children's Dream Fund newsletter (sent to your family as well)
- Yes No The Children's Dream Fund (Check those that apply)
Facebook Twitter Pinterest Instagram Snapchat
- Yes No The Children's Dream Fund website

 Signed _____, day of _____, 20 _____

(BOTH PARENTS MUST SIGN)

WITNESSES

MOTHER

FATHER

GUARDIAN (IF APPLICABLE)