

## Photo/Video/Media Consent Form

Name	
Address	
Telephone No.	
E-Mail	
Child's Name	
Date	

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I hereby release Miracles in Communication, its agents, employees or representatives from any and all liability and from any and all claims or causes of action which I may otherwise pursue in respect of, or arising from the reproduction of the photos, images or likenesses as set forth above.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_