



**MEDICAL MISSIONS
FOR CHILDREN**

Permission to attend a Giggles Show Photo and Video Image Release

I _____ grant permission for my child's and my own photo and
(print parent name)
video image to be released to be broadcast over the St. Joseph's Regional Medical Center close-circuit
television system (Giggles Channel 55) and to promote the Giggles Children's Theater and Medical Missions
for Children. The forms of promotion include but are not limited to brochures, newsletters, fliers, DVD, MMC
and Giggles website and videos. I understand there will be no compensation for usage.

Print the names of all children and adults attending Giggles Children's Theater:

Parent/Guardian Signature: _____ Date: _____



Would you like to receive our monthly **FREE** show schedule?

Name: _____

Email: _____