



Photo Waiver

With your consent, the photo(s) of your child that you have provided to us may be used on our website or social media or used in other materials to promote the Coalition to Cure CHD2.

_____ YES – Coalition to Cure CHD2 may use my child's photo

_____ NO – Coalition to Cure CHD2 may NOT use my child's photo

Date: _____

Child's Name: _____

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian (Signature): _____

Coalition to Cure CHD2

Boise, ID 83716

www.curechd2.org