



**Picture Perfect Baby Photo Contest
Entry Form & Photo Release Form**
Entries accepted Nov. 16 – Dec. 4, 2020

ENTRY FORM

Parent Information (Print please)

Name: _____

Phone Number: _____

Email: _____

Address: _____

City, State, Zip: _____

Baby's Information (Print please)

Full Name: _____

Date of Birth: _____

Place of Birth (City/Hospital): _____

Submission of form indicates you have read, understand and agree to contest overview and rules

Parents Signature _____ **Date** _____

PHOTO RELEASE

By submitting the child's photograph, you are authorizing the use of this photograph by Cuero Regional Hospital. I understand the photograph could be used in various advertising activities conducted by Cuero Regional Hospital and that the photo may be re-touched/edited for quality purposes.

I authorize Cuero Regional Hospital to use my submitted photograph and release all rights to CRH to reproduce for print and online purposes.

Name (please print) _____

Signature _____ **Date** _____