

Media Release and Photo Consent Form

Please read this document carefully before signing. This form authorizes the organization to use photos, videos, and audio recordings of you or your child for promotional, educational, and informational purposes.

Participant Information

Full Name of Participant:

Email Address:

Phone Number:

Mailing Address:

Consent and Release

I hereby grant permission to the organization to take and use photographs, digital images, videotapes, and/or audio recordings of me (or my child, if applicable) for use in official promotional materials. These materials may include, but are not limited to, newsletters, websites, social media, brochures, and news releases.

I understand that these materials will become the property of the organization and will not be returned. I waive any right to royalties, fee payments, or other compensation arising from or related to the use of these photographic or media materials.

Signatures and Agreement

By typing/writing your name below, you acknowledge that you have read, understood, and agree to the terms of this Media Release and Photo Consent Form.

Participant Signature (Type Name to Sign):

Date (MM/DD/YYYY):

Parent or Guardian Consent (If Participant is Under 18)

I certify that I am the parent or legal guardian of the participant named above, and I hereby give my consent on their behalf.

Parent/Guardian Full Name:

Parent/Guardian Signature (Type Name to Sign):

Date (MM/DD/YYYY):