

Photography and Media Release Consent Form

Please read this document carefully before signing. This consent form grants permission to capture, use, and modify photographs, video recordings, and audio recordings of the individual named below for promotional, educational, and informational purposes.

1. Consent and Authorization

By signing this form, I hereby grant the organization and its legal representatives the irrevocable and unrestricted right to use and publish photographs, video, and audio of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval.

2. Release of Liability

I hereby release the photographer, videographer, organization, and its legal representatives and assigns from all claims and liability relating to said photographs, video, and audio.

3. Subject Information

Please print the details of the individual participating in the media capture.

Full Name of Subject:

Age of Subject (if under 18):

Address:

Phone Number:

Email Address:

4. Acknowledgement and Signature

If the subject is under 18 years of age, a parent or legal guardian must complete the section below.

Parent or Legal Guardian Name (if applicable):

Relationship to Subject (e.g., Mother, Father, Guardian):

By typing or signing your name below, you acknowledge that you have read, understood, and agree to the terms of this media release.

Signature of Subject (or Parent/Guardian if under 18):

Date: