

Volunteer Photo and Video Release Form

This form grants permission to the organization to use photos and videos taken of volunteers during activities and events for promotional, educational, and informational purposes.

Volunteer Contact Information

Volunteer Full Name:

Address:

Phone Number:

Email Address:

Terms of Release

By signing below, I hereby grant the organization the absolute and irrevocable right and permission to use, reuse, publish, and republish photographic portraits, pictures, or videos of me, or in which I may be included, in whole or in part, without restriction as to changes or alterations, in any and all media now or hereafter known, for association, promotional, and marketing purposes.

I acknowledge and agree that I will receive no monetary compensation or royalties for the use of these photos or videos.

I hereby release, discharge, and agree to hold harmless the organization, its legal representatives, and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

Acknowledgment and Signature

I represent that I am at least 18 years of age and have the full legal capacity to execute this release.

Volunteer Signature (Print Name to sign):

Date (MM/DD/YYYY):

Parent or Guardian Consent (If volunteer is under 18)

I hereby certify that I am the parent or legal guardian of the volunteer named above, and I do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Full Name:

Parent/Guardian Signature (Print Name to sign):

Date (MM/DD/YYYY):