

Volunteer Photo and Media Release Form

Please read this document carefully. By signing this form, you grant permission to the organization to use your image, likeness, and voice in media and promotional materials.

Volunteer Information

Volunteer Full Name:

Email Address:

Phone Number:

Mailing Address:

Terms of Release

I hereby grant the organization and its legal representatives the irrevocable and unrestricted right to use and publish photographs, video recordings, or audio recordings 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.

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

Acknowledgment and Signature

By signing below, I acknowledge that I have read and understand this release form.

Volunteer Signature (or printed name if signing electronically):

Date (MM/DD/YYYY):

Parent or Guardian Consent (If volunteer is under 18 years of age)

I certify that I am the parent or legal guardian of the volunteer named above and that I grant my consent on their behalf.

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date (MM/DD/YYYY):