

Minor Photo Release Consent Form

I, the undersigned, am the parent or legal guardian of the minor identified below. I give my consent for photographs or digital images of the minor to be used by the organization for lawful purposes, including publicity, illustration, advertising, and web content.

Minor's Information

Full Name of Minor

Date of Birth

Parent/Guardian Information

Full Name of Parent/Guardian

Relationship to Minor

Address

Phone Number

Email Address

Consent

I acknowledge that I have the right to revoke this consent at any time by providing written notice. I have read and understand this release.

Parent/Guardian Signature

Date

Witness Signature

Date

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