

Nonprofit Event Media Release Consent Form

Participant Information

Full Name

Email

Phone Number

Event Information

Event Name

Event Date

Media Release Consent

I hereby grant permission to (Nonprofit Organization Name) to record, use, and publish photographs, audio, and/or video of me taken at the above event for promotional, educational, or any other lawful purposes, in print and electronic media.

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I agree to the media release terms stated above.

Signature

Date

If participant is under 18 years old

This section must be completed by a parent or legal guardian.

Parent/Guardian Name

Parent/Guardian Signature

Date