

Media Consent Form

Name of Nonprofit Organization

Participant Name

Parent/Guardian Name (if under 18)

Email

Phone

I grant permission to the above-named nonprofit organization to use my (or my child's) image, voice, or statements in photographs, videos, audio recordings, or other media taken or recorded as part of group activities for purposes including but not limited to publicity, fundraising, or educational materials, in print and digital format.

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I agree to the above media use terms.

Signature

Date

Parent/Guardian Signature (if under 18)

Date