## **Media Release Consent Form**

## For Nonprofit Organization

I hereby grant permission to the nonprofit organization named below to use photographs, video, audio recordings, or written accounts of me for publicity, promotion, news, and web content, including but not limited to printed and digital publications, social media, and other media.

Nonprofit Organization Name
Participant Name
Address
City
State
ZIP Code
Zir Gode
Phone
Email
Description of Dhoto (//desc/lateration//fearable)
Description of Photo/Video/Interview (if applicable)

Date	
Parent/Guardian Name (if participant is under 18)	
Parent/Guardian Signature	
Date	