

Minor Media Release Consent Form

This form grants permission for a minor to be photographed, videotaped, and/or recorded by the organization for nonprofit purposes.

Minor's Information

Full Name of Minor

Date of Birth

Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Consent

☐

I hereby grant permission for the above-named minor to be photographed, videotaped, and/or interviewed for use by the organization in its publications, website, social media, or other promotional materials, without compensation.

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I do NOT grant permission for the above-named minor's image or likeness to be used.

Parent/Guardian Signature

Date