

Nonprofit Video Release Consent Form

Full Name

Parent/Guardian Name (if under 18)

Date

I hereby grant permission to , a nonprofit organization, to record, use, publish, and distribute video, audio, and photographs featuring myself and/or my child for any lawful purpose including promotional and educational materials, website, social media, and any other media formats.

I understand that my participation is voluntary and that I will not receive compensation for the use of these recordings or images. I hereby release and discharge from any claims, demands, or causes of action in connection with the use of these materials.

Signature

Date

Parent/Guardian Signature (if under 18)

Date