

Nonprofit Youth Media Release Consent Form

Youth Information

Full Name of Youth

Date of Birth

Parent/Guardian Information

Parent/Guardian Full Name

Phone Number

Email Address

Consent

☐ I grant permission for my child's photograph, video, or audio recording to be used by the organization for promotional, educational, or informational purposes in print, online, and social media.

☐ I grant permission for my child's name to be used in association with media content.

☐ I do not give permission for media use of my child.

Signature

Parent/Guardian Signature

Date

Additional Notes

