

# Testimonial Release Form for Minors

## Minor's Information

Full Name of Minor

Date of Birth

Age

## Parent/Guardian Information

Name of Parent/Guardian

Relationship to Minor

## Testimonial

Testimonial

## Release Agreement

I, the undersigned, as the parent or legal guardian of the above-named minor, hereby give my permission for the use of the minor's testimonial, including written statements, photographs, and/or video images, by the organization for any lawful purpose, including marketing, publicity, and web content. I understand that the minor's identity may be disclosed in connection with the use of this testimonial.

Signature of Parent/Guardian

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Date

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