

# Audio/Video Recording Consent and Release Form

**Name of Participant:**

**Email Address:**

**Date:**

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## Consent Statement

I hereby consent to be recorded, photographed, or filmed by ("Organization") during activities or events related to its nonprofit purposes. I grant permission for the Organization to use, reproduce, and distribute my image, voice, and/or likeness in any and all forms of media, for educational, promotional, or fundraising purposes, without compensation.

I acknowledge that these recordings may be used in publications, presentations, and on the Organization's website or social media. I understand that my participation is voluntary, and I may withdraw my consent at any time by contacting the Organization in writing.

**Organization Name:**

**Participant Signature:**

**Date:**

**If under 18, Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**