

Photo Consent and Release Form

I hereby grant permission to the nonprofit organization known as

(the "Organization"), and its representatives, to take and use photographs, digital images, or video recordings of me for any lawful purpose, including publicity, illustration, advertising, and web content, without payment or any other consideration.

Participant Information

Full Name

Address

Phone

Email

Consent

☐

I have read and understand the above, and voluntarily agree to the terms of this Photo Consent and Release Form.

Signature

Date

Signature

If participant is under 18, parent or legal guardian must sign below.

For Minors (Under 18 Years Old)

Parent/Guardian Name

Relationship to Minor

Date

Parent/Guardian Signature
