

# Photo/Video Release Parent Consent Form

I hereby grant permission to (organization/school) to use photographs and/or video taken of my child, (child's name), for use in publications, news releases, online, and in other communications related to the mission of (organization/school).

I acknowledge that participation is voluntary and that there will be no payment for my child's participation.

Parent/Guardian Name

Signature

Date

Child's Name

Child's Age

Address

Phone Number