

Event Photography Communication Consent Form

Participant Information

Full Name

Email Address

Event Name

Event Date

Consent

I consent to the use of photographs and/or video recordings taken at the above event for communication, promotional, and/or educational purposes. I understand these may be used in print, digital media, social media, or other public communications.

☐ I agree to the above consent statement.

Signature

Date

If participant is under 18 years old, this form must be completed by a parent or legal guardian.

Parent/Guardian Name

Parent/Guardian Signature

Date

