

# Photography Consent and Release Form

I hereby grant permission to \_\_\_\_\_ to use photographs and/or video taken of me on \_\_\_\_\_ at \_\_\_\_\_ for use in publications, news releases, online, and in other communications related to the mission of the photographer or organization listed above.

## Participant Information

**Full Name**

**Address**

**Phone**

**Email**

## Consent

I understand that I will not receive compensation, now or in the future, for the use of these photographs and/or video. I hereby release and discharge the photographer or organization from all claims and demands which I or any other person may have or may acquire in relation to the use of these photographs and/or video.

I am of legal age (or I am the parent/guardian of the participant) and have read and understand the above.

**Signature**

\_\_\_\_\_

**Date**

**If under 18, Parent/Guardian Signature**

\_\_\_\_\_