

Youth Group Retreat Photo/Video Release Form

I hereby grant permission to the youth group and its representatives to take and use photographs and/or digital images and/or video of me/my child for use in promotional materials, educational materials, publications, and/or social media.

Participant's Name:

Date of Birth:

Parent/Guardian Name (if participant is under 18):

Consent

I understand that these images/videos may be used in print and digital media formats, including publication on the organization's website and social media accounts.

I further acknowledge that participation is voluntary and that there will be no compensation for the use of these images/videos.

Release

I release and hold harmless the youth group, its officers, employees, and agents from any liability related to the use of these photographs/videos.

Signature of Participant (if 18 or older):

Date:

Signature of Parent/Guardian (if under 18):

Date:

Address:

Phone Number:

Email:

Additional comments or restrictions:

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