

Minor Image Consent Form

Minor's Information

Full Name of Minor

Date of Birth

Parent/Guardian Information

Full Name of Parent/Guardian

Relationship to Minor

Consent

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I give permission for images/videos of the minor named above to be used for the described purposes.

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I do NOT give permission for images/videos of the minor named above to be used.

Purpose for Use (e.g., publication, website, promotional materials):

Parent/Guardian Signature

Minor Signature (if appropriate)

Date