

Minor Photo/Video Usage Permission Form

Minor's Information

Full Name of Minor

Date of Birth

Address

Parent/Guardian Information

Full Name of Parent/Guardian

Phone Number

Email Address

Permission Details

I authorize the use of photographs or video recordings of my child for the following purpose(s):

This permission is granted to:

Terms

I understand that these images or videos may be used in print, digital, or electronic media.

I confirm that I am the parent or legal guardian of the minor named above.

Parent/Guardian Signature

Date

