

# Minor Media Release Consent Form

I hereby authorize and grant permission for the individual named below (the "Minor") to be photographed, filmed, and/or recorded for use in media and promotional materials by the organization stated on this form.

I understand that these images, video, and/or audio may be used in publications, websites, social media, and other communications for lawful purposes.

## Minor's Information

Full Name of Minor

Date of Birth

## Parent/Guardian Information

Full Name of Parent/Guardian

Relationship to Minor

Contact Number or Email

## Organization Information

Organization Name

## Additional Notes or Restrictions

I certify that I am the parent or legal guardian of the minor named above and have the authority to provide this consent.

Parent/Guardian Signature

Date

Witness Name (if required)

Witness Signature

Date