

Photography/Videography Consent Release Form

Participant Information

Full Name

Address

Phone

Email

Consent

I hereby grant permission to the organization to photograph and/or video record me during activities and to use such images and recordings for lawful purposes including publicity, illustration, advertising, and web content.

Specific restrictions or additional notes (if any)

Signature

Date

Parent/Guardian Consent (for minors)

Parent/Guardian Name

Signature

Date
