

Photo/Media Athlete Consent Form

Athlete's Full Name

Date of Birth

Sport/Team

Consent Statement

I hereby consent to the use of photographs, video or other media images taken of me during events, practices, and related activities by the organization or its representatives, for promotional, educational, or informational purposes, including publication on websites, social media, print materials, or other media platforms.

Additional Notes/Restrictions

Athlete's Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date