

Photography Consent Release Form

I, the undersigned, hereby grant permission to:

Photographer/Organization Name

Name of Subject

Event/Project Description

Consent

I authorize the use and reproduction of photographs taken of me for the purposes of:

☐

Print

☐

Digital/Social Media

☐

Marketing

☐

Other

Additional Terms (if any)

Subject Signature

Date

Parent/Guardian Signature
(if under 18)

Date

