

# Photography Consent Waiver Form

Photographer/Organization Name

Participant's Full Name

Parent/Guardian Name (if under 18)

Phone/Email

I hereby grant permission to the above-named photographer/organization to photograph, take video footage, and/or audio recordings of me (or my child, if under 18). I understand that the images and recordings may be used for educational, promotional, or commercial purposes in print and digital materials. I waive any rights to royalties or other compensation arising from or related to the use of my image or recording.

Limitations or Special Instructions (Optional)

Signature

Date

Parent/Guardian Signature (if under 18)

Date