

Photo Publication Consent Waiver

I hereby grant permission to _____ (â€œOrganization/Individualâ€) to photograph, video record, and/or otherwise capture my image and likeness, as well as to use, reproduce, publish, and distribute such images and recordings in any medium, including print, online, and social media, for lawful promotional, educational, or informational purposes.

Details of Participant

Full Name: _____

Address: _____

Phone/Email: _____

Date: _____

Consent and Waiver

I understand and agree that:

- My participation is voluntary and I will not receive payment or compensation.
- These materials may be used without further notification, approval, or compensation to me.
- The Organization/Individual is released from all claims, demands, and liabilities relating to the use of these images and recordings.

If participant is under 18 years of age, parent/guardian signature is required:

Participant Signature:

Date:

Parent/Guardian Signature:

Date:
