

# Photo Release Authorization Waiver

I hereby grant permission to the organization named below, its representatives, employees, or agents, to take and use photographs and/or digital images of me for use in printed or electronic media, including publications, social media, and websites.

I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of the organization.

Organization Name:

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Participant Name:

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Date:

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Signature:

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Parent/Guardian Signature (if under 18):

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