

Minor Photo and Video Parental Release Authorization

I, the undersigned parent or legal guardian, hereby grant _____ ("Organization") permission to photograph and/or videotape my child/minor listed below and to use any photographs, videos, or recordings in which my child appears for such purposes, in any and all media, now or hereafter known, for any lawful purpose including publicity, illustration, advertising, and Web content.

I understand that no compensation will be provided for the images or recordings, and I release all claims to rights of compensation or ownership related to the use of said images or recordings.

Minor's Information

Full Name of Minor

Date of Birth

MM/DD/YYYY

Parent/Guardian Information & Consent

Parent/Guardian Name

Relationship to Minor

Contact Phone Number

Contact Email

Date Signed

MM/DD/YYYY

Parent/Guardian Signature