

Child Photo Permission Waiver

I, the undersigned parent or legal guardian, give permission for photographs of my child to be taken and used by _____ (organization, school, or event), for purposes including but not limited to publicity, illustration, advertising, and web content.

Child's Information

Full Name: _____

Date of Birth: _____

Parent/Guardian Information

Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Consent

I hereby authorize and grant permission to the above-named organization to take, use, and publish photographs or videos of my child for lawful purposes. I understand these images may be used in print or digital media, including social media platforms and the organization's website. I waive any rights of compensation or ownership regarding the use of these materials.

I understand that I may withdraw my consent at any time by providing written notice.

Parent/Guardian Signature: _____

Date: _____