

Event Photography Release Form

Event Information

Event Name

Event Date

Event Location

Participant Information

Participant Name

Email

Release Agreement

I hereby grant permission to the organizers and designated photographers of this event to take, use, and publish photographs, images, and/or video of me for any lawful and promotional purposes including, but not limited to, social media, website, and printed materials.

I agree to the terms and conditions above.

Participant Signature

Date

Additional Notes (optional)

If the participant is under 18 years of age, a parent or legal guardian must sign below:

Parent/Guardian Signature

Date

Parent/Guardian Name