

Photo Consent Waiver

I hereby grant permission to _____ (Organization/Individual) to take and use photographs, digital images, and/or video recordings of me for use in media materials including, but not limited to, printed publications, social media, websites, and news releases.

I understand that these materials may be used for promotional, marketing, or informational purposes, and that my name and identity may be revealed in descriptive text or commentary.

I acknowledge that I will not receive compensation of any form now or in the future for the use of these images or recordings.

I hereby waive any right to inspect or approve the finished photographs, images, video recordings, or any printed or electronic matter that may be used in conjunction with them.

I release _____, its employees and agents, from any claims, demands, and liabilities in connection with the use of the photographs, images, and recordings as stated above.

Consent

I have read and understand this Photo Consent Waiver and agree to its terms.

Participant's Name (Print)

Signature

Date

Parent/Guardian Name (if under 18)

Parent/Guardian Signature

Date