

Blank Media Photo Release Waiver Form

PARTICIPANT INFORMATION

Full Name:

Email Address:

Phone Number:

PHOTO RELEASE

I hereby grant _____ ("Organization") and its representatives permission to take, use, and publish photographs, video, or audio of me for use in materials such as brochures, newsletters, websites, social media, and other forms of media, without compensation or approval rights. I understand these materials may be used for lawful purposes including publicity, illustration, advertising, and web content.

I understand that I may revoke this authorization at any time by notifying the Organization in writing, but revocation will not affect any actions taken prior to receipt of the written notice.

I release the Organization from all claims, demands, and liabilities related to all uses of such media.

Signature:

Print Name:

Date:

If under 18, Parent/Guardian Signature:

Print Name:

Date:
