

Group Photo Media Use Waiver Form

I hereby authorize and grant permission to [Organization/Group Name] to use photographs and/or video recordings of me, taken on this date, for media materials including but not limited to publications, presentations, websites, social media, and promotional materials.

I understand that my image may be used in print, digital, and electronic media formats for an indefinite period of time. I waive any rights to inspect or approve the finished product and any compensation for the use of these images.

Full Name

Email Address (optional)

Date

Signature

☐

I am the parent or legal guardian of the participant and consent to this waiver (if under 18 years old).

For Office Use Only

Date Received: _____

Processed By: _____