

Parental Consent for Minor Photo Release

I, the undersigned, am the parent or legal guardian of the minor named below. I hereby grant permission to [Organization/School Name] to photograph, videotape, or otherwise digitally record images of my child, and to use such images for lawful purposes, including publicity, illustration, advertising, and web content, without compensation or prior notice. I understand that images may be used in printed or electronic materials.

I also acknowledge that these images become the property of [Organization/School Name] and may not be returned.

Name of Minor:

Date of Birth:

Name of Parent/Guardian:

Relationship to Minor:

Signature of Parent/Guardian

Date: