

Photo Release Authorization Form

I hereby grant permission to the undersigned organization to use photographs and/or video taken of me on

Date

at

Location

for use in publications, news releases, online, and in other communications related to the mission of the organization.

Personal Information

Full Name

Your Name

Address

Street Address

City

City

Phone

Phone Number

Email

Email Address

Authorization



I agree to the terms above and authorize the use of my image as described.

Signature

Date

If minor, parent/guardian authorization:

Parent/Guardian Name

Parent/Guardian Name

Signature

Date
