

Photo/Video Release Consent Form

I hereby grant permission to [Organization Name], its representatives, employees, and agents to take photographs and/or videos of me in connection with the above-identified subject. I authorize [Organization Name], its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that [Organization Name] may use such photographs and/or videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Name:

Signature:

Date: