

Media Release and Consent Form

I hereby grant permission to _____ (Organization/School) to use photographs, video recordings, and/or other media in which I may appear or my voice may be heard for educational, promotional, and/or informational purposes.

Full Name:

Date of Birth:

Address:

Parent/Guardian Name (if under 18):

☐ I understand that these images or recordings may be used in publications, websites, social media, and other media outlets.

I waive any right to inspect or approve the finished product in which my likeness appears. I release the organization and its agents from any claims, damages, or liability arising from or related to the use of these materials.

Signature:

Date:

Submit