

Authorization for Photography, Video, and Audio Recording

I hereby grant permission to **Organization Name** to photograph, record video, and/or audio of me during the activities or events organized by them.

I understand that the photographs, videos, and audio recordings may be used for promotional, educational, or informational purposes, including, but not limited to, print and online publications, presentations, websites, and social media.

Full Name:

Date:

Signature:

☐ I have read and agree to the terms stated above.

Submit