

Visual Representation Release

I hereby grant permission to the organization and its representatives to take photographs, video recordings, or other visual representations of me during the course of its activities. I understand that these materials may be used for promotional, educational, or informational purposes in print and digital media.

Full Name:

Signature:

Date:

If the individual is under 18, a parent or guardian must sign below:

Parent/Guardian Name:

Parent/Guardian Signature:

Date: