

Photo / Video Release Form

Organization: _____

ACTIVITY DETAILS

Event or Activity Name * _____ Date of Release * _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____ Parent/Guardian Name * _____

Parent/Guardian Phone * _____ Parent/Guardian Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

I grant permission for my child to be photographed and/or videotaped during the above activity. I authorize the use of these images for social media, printed materials, website, and promotional purposes.

Parent/Guardian Signature _____ Date _____