



INSERT YOUR ORGANIZATION NAME
Photo and Video Release Form

Name of Person in Photo/Video: _____

Address: _____

City, State, Zip: _____

Permission to Use Photograph or Video Images

I grant to _____, its representatives and employees the right to use preselected photographs or video of me and/or my family member in connection with marketing materials marketing and fundraising efforts.

I authorize _____, its assigns and transferees to copyright, use and publish the image(s) in print and/or electronically.

I agree that _____ may use such photographs or videos of me or my family member(s) with or without our names and for lawful purpose, including for such purposes as publicity, illustration, advertising, social media and website content.

I have read and understand the above:

Date _____

Signature _____

Printed Name _____

Signature: Parent or Guardian _____
(if under age 18)

Contact info for Parent or Guardian

Mobile Phone _____

Email Address _____