Sample Media Consent and Release Form

Guardian's Signature

Guardian's Address

Guardian's Phone Number

Guardian's Email Address

Date

I,		, hereby authorize	(the "organization"), and
the Organiza modification	tion and thereof	its partners the irrevocable right to use my photograph	sees, to photograph, audiotape, and/or videotape me and grant a, audio recording, video recording, or any reproduction or nanner or medium throughout the world an unlimited number her lawful purpose.
inspection of Organization	approva will rely connection	al of the uses to which the Organization may put the Pl y on this permission and hereby release and discharge on with the Photograph or the exercise of the permission	nissions I am granting herein. I hereby waive any right of notograph, Audio, and/or Video. I acknowledge the the Organization from any and all claims and demands arising ns granted here, including any or all claims for libel, invasion
I understand legal represe		•	at this consent and release is binding on me and my heirs,
Please check	"Yes" o	r "No" for each of the following:	
Yes	No	I grant permission for Photographs to be collected ar	nd used by the Organization.
Yes	No	I grant permission for Audio to be collected and used	d by the Organization.
Yes	No	I grant permission for Video to be collected and used	l by the Organization.
Participant S	Signature	;	
Date			
Participant A	Address		
Participant I	Phone Nu	umber	
Participant I	Email Ac	dress	
If the indivi	dual nai	ned above is under 18 years of age, please complete	the following:
		al guardian of the individual named above, and I herel nce with the statements above.	by sign this Media Consent and Release on behalf of such
Guardian's N	Name		