## [Insert Organization Name] – MEDIA CONSENT FORM



Name:	 	
Address:	 	
Phone:	 	

I hereby give the [Insert Organization Name], permission to record my

\_\_\_ photograph

\_\_\_ moving image

\_\_\_ audio clip

and I waive any proprietary rights I may have to them. I understand that the [Insert Organization Name] may wish to use this likeness of me in a number of ways, including the [Insert Organization Name] websites, publications or advertising, to provide information to the public and/or promote programs and activities, and I grant them permission to do so.

I hereby release the [Insert Organization Name], its employees, agents and subcontractors from any and all claims, actions and liability for damages, losses or expenses of any sort which may arise in connection with the use of these likenesses.

I acknowledge I have read and understood the contents of this form and have been given full opportunity to discuss the implications of this consent of my own free will and my decision is not based upon representations or advice by representatives of the [Insert Organization Name].

I hereby give my consent, dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Participant

Print Name

Signature of Parent/ Guardian if Participant is under age 19.

Print Parent/Guardian Name