

Minor Talent Release Form

I, **[Insert Guardian Full Name]**, as the parent/guardian of **[Insert Minor's Full Name]**, authorize **[Insert Photographer/Organization Name]** to use images or videos of my child as outlined below:

Minor's Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____

Details of Use:

- Event Name: _____
- Date(s) of Event: _____
- Type of Use (Print, Digital, etc.): _____
- Duration of Use: _____

Parent/Guardian Consent:

- I understand this release includes unlimited rights for **[Insert Photographer/Organization Name]** to use the images without further approval.

Checkbox for Consent:

I consent to the terms as stated above.

Signature of Parent/Guardian: _____

Date: _____

Signature of Photographer/Representative: _____

Date: _____