**Minor Photo Release Form Online**

**Parent/Guardian Information  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Minor’s Information  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

**Purpose of Photo Use  
I grant permission for (Organization/Website Name) to use images of my child for the following online purposes:**

**☐ Website Banners  
☐ Online Newsletters  
☐ Digital Marketing  
☐ Virtual Events  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**These images may be published on public websites and accessible by the general public.**

**Usage Conditions  
☐ I consent to my child’s full name appearing with the photos.  
☐ I request that only my child’s first name or initials be used.  
☐ I request that no identifying information accompany the photos.**

**Rights and Liability  
I waive any rights to compensation for the use of these images. I understand that once uploaded online, images may be shared or redistributed beyond the control of the original organization.**

**Duration and Revocation  
☐ Consent remains valid indefinitely.  
☐ Consent is valid until \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_.  
☐ I understand that I may request photo removal, but complete removal from online sources cannot be guaranteed.**

**Parent/Guardian Signature  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

**Authorized Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**