

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: ____ / ____ / _____