## **Photo Release Form for Minors**

## **Social Media**

Parent/Guardian Information			
Full Name:			
Relationship to Minor:			
Address:			
City:	State:	ZIP:	_
Phone Number:			
Email Address:			
Minor's Information			
Full Name:			
Date of Birth: / /			
Address (if different from above)	):		
Consent for Use of Photographs		_	
l, the undersigned parent/guardi	an, authorize (O	rganization Name) t	to use
photographs, videos, or digital ii	mages of my mi	nor child for sharing	g on socia
media platforms, including but n	ot limited to:		
□ Facebook			
☐ Instagram			
☐ Twitter/X			
☐ LinkedIn			
☐ YouTube			
□ Other:			

These images may be used for promotional, educational, or informational purposes and will be publicly visible.

Rights and Waiver of Compensation
I waive any right to inspect or approve the finished images and understand that no monetary compensation will be provided for the use of the minor's likeness.

Duration of Authorization

This authorization is valid indefinitely.

This authorization is valid until \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

This consent may be revoked in writing at any time, but past images may remain in circulation.

Parent/Guardian Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_ / \_\_\_\_

Authorized Representative (if applicable)

Organization Name: \_\_\_\_\_

Representative's Name:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_